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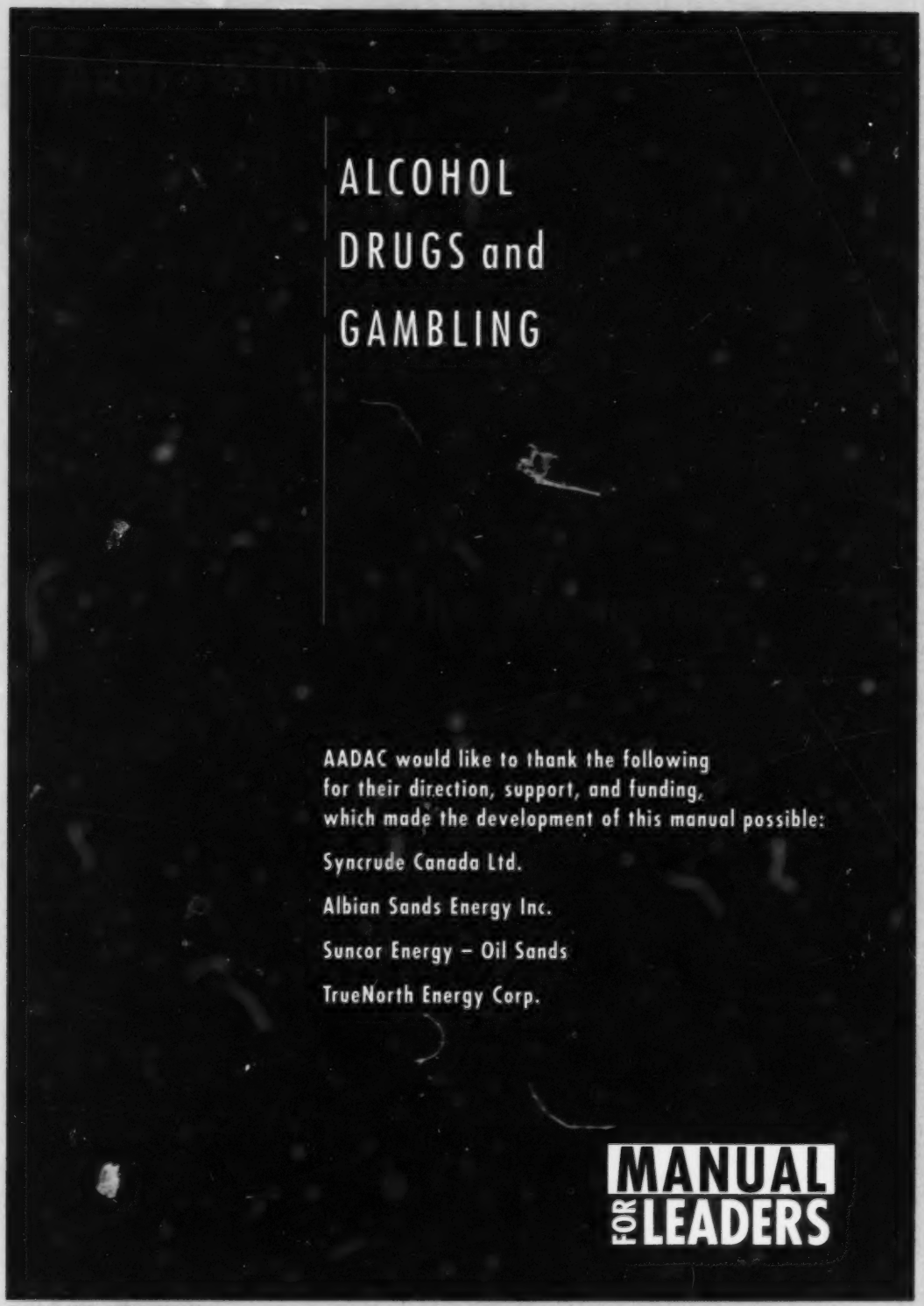

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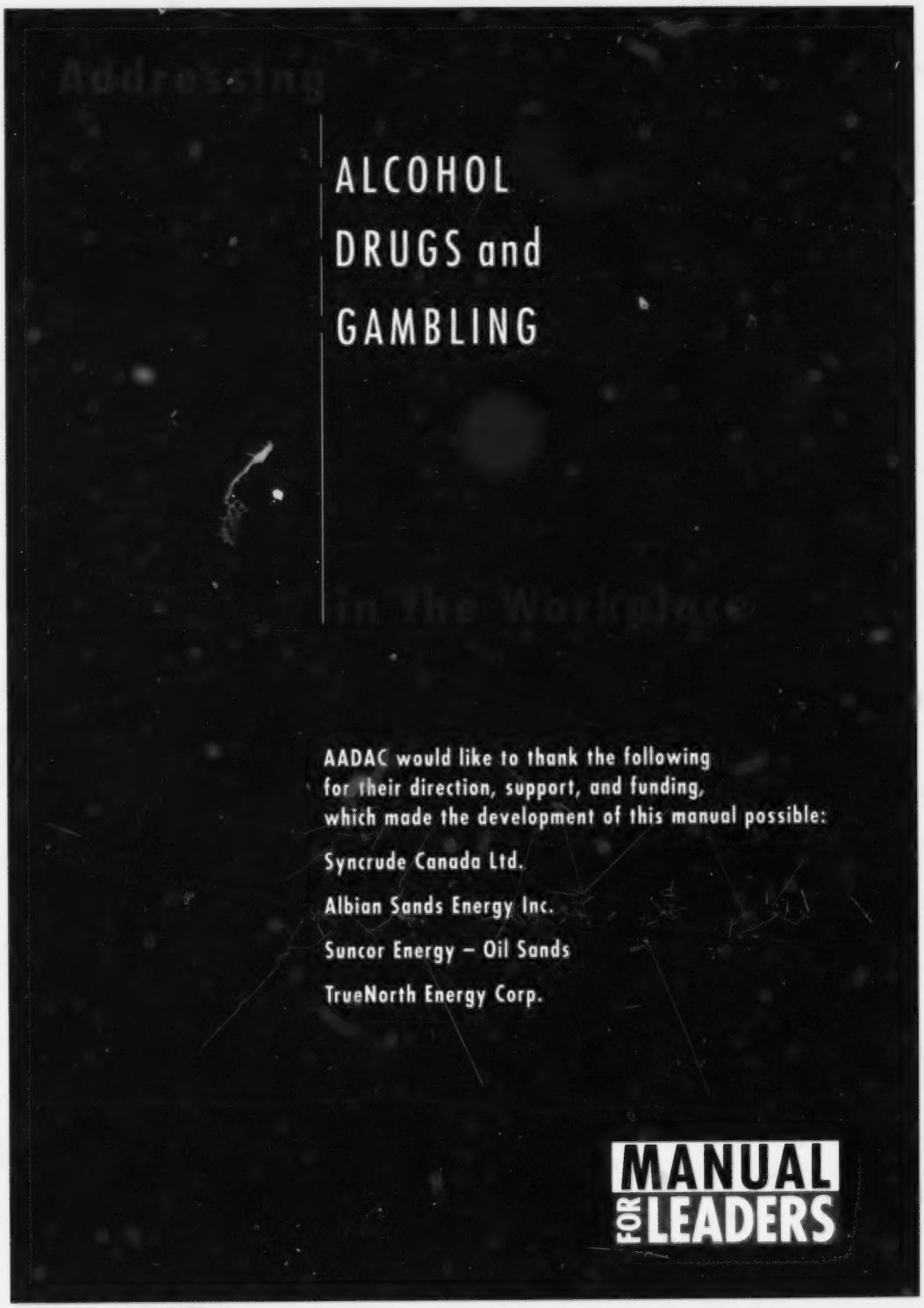

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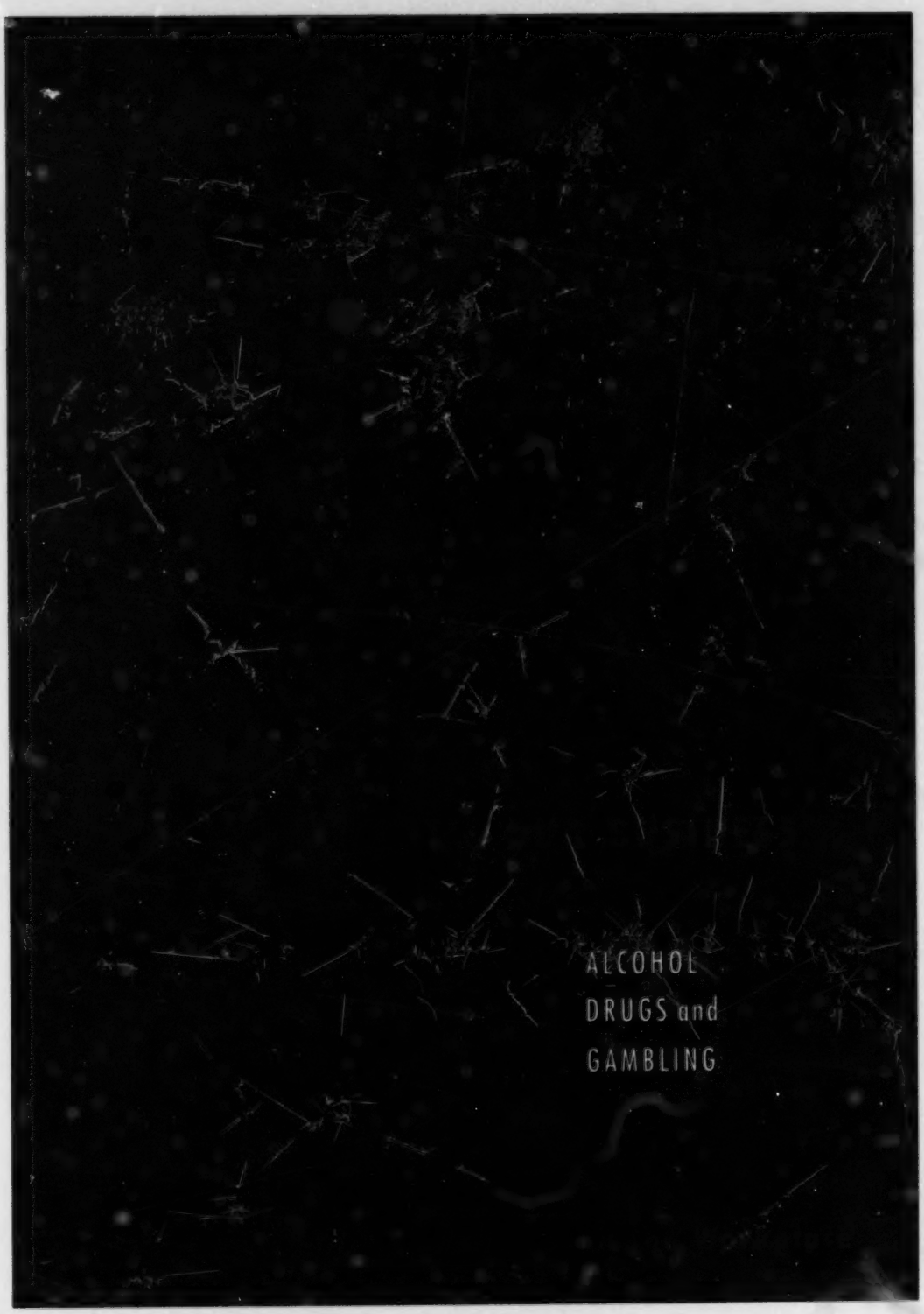
(insert your own company's policies, guidelines, and resources)	

MODULE ONE OVERVIEW: SUBSTANCE USE, GAMBLING, AND THE WORKPLACE



MODULE ONE OVERVIEW: SUBSTANCE USE, GAMBLING, AND THE WORKPLACE

Alcohol and other drug use in the workplace costs Alberta business and industry more than $500 million per year in lost productivity. It also costs lives. If left untreated, substance use and problem gambling contributes to unsafe work practices, accidents, and increased risk of injury; depression, stress, reduced morale, and other emotional problems; increased absenteeism, higher workers' compensation and insurance costs; and alcohol and drug-related illnesses. The good news is that these losses can be prevented.

As a workplace leader, you can play a positive, proactive role in creating a healthy workplace. Employees who are in good physical and emotional health are more productive and easier to manage. Fitness for work is a comprehensive approach a company can take to coordinate its efforts to ensure a safe and productive workplace. It includes early intervention with troubled employees, but focuses strictly on whether or not an employee is fit to perform his or her work duties. The fitness for work approach is explained in more detail later in this manual.

This approach makes good sense not only because it will make your job easier and save your business money, but also because as a workplace leader, you care about your co-workers. On average, people spend about 60 per cent of their waking hours at work. When you work with people for a long time, you get to know them well. Often, you and your co-workers are the first to recognize changes in behaviour that may signal a personal problem – such as a problem with alcohol, other drugs, or gambling.

As a leader, you are likely reluctant to intervene in your employees' personal lives. The good news is that you don't have to. Your job is to manage work performance. This manual will help you to remain focused on job performance, better understand the kinds of problems employee substance use can cause in the workplace, and help you deal with these problems more effectively. As a leader, you can contribute to a work environment that encourages healthy behaviours and attitudes. You are a role model. This manual will help you provide positive leadership and build a healthy, well-functioning workplace team.

READ ON TO LEARN MORE ABOUT:

- the costs of substance use in the workplace
- the ways substance use and problem gambling can affect the workplace
- the benefits of early intervention
- what you, as a workplace leader, can do
- how this manual can help

KEY INFORMATION

The costs of substance use in the workplace

Substance abuse in the workplace is a concern to all of us – workers, leaders and managers, business owners, and taxpayers. It is hard to measure the true economic costs of workplace substance use in Canada. It can be difficult to link substance use with things like lowered productivity, missed work, and accidents. When no link is made, the true costs of workplace substance abuse remain hidden. But there are human and economic costs to workplace substance abuse, both direct and indirect, and the costs are significant.

Annual productivity losses in Canada due to substance abuse are estimated at $11.8 billion:

- $4.1 billion for alcohol
- $823.1 million for illegal drugs

This is 1.29% of Gross Domestic Product (GDP), or $313 per Canadian.

Workers absent or late because of substance use costs the Alberta economy approximately $400 million per year. These productivity losses say nothing about the cost of human suffering or other impacts on the workplace.

Ways substance use can affect the workplace

The actual costs are probably much higher. Substance use can affect the workplace in three ways: direct use, "hangover" effects, and second-hand effects. Attention is often focused on preventing on-the-job use and the effects of direct use. The other two are often overlooked.

And it is not just the heavy drinker or drug user that causes problems. A recent study found that light drinkers cause more than half of all alcohol-related problems in the workplace, and 87% of problems are caused by light to moderate drinkers. It is important to consider the fitness for work of all employees. It's also important to consider and deal with all three ways that the use of alcohol or other drugs can affect the workplace.

DIRECT USE

Direct use is when an employee uses substances during working hours or shows up for work while still experiencing the effects of alcohol or drugs. The consequences of using on the job can be severe, especially in jobs with high safety risks or where public safety is at stake. Somebody using on the job may have a substance use problem and be in need of treatment. On the other hand, the situation may be the result of an occasional user making a very poor decision. It's also possible that a worker with a drug or alcohol problem may never show up for work obviously impaired, but workplace performance could still be affected.

Research has shown that any drinking immediately before or during the workday (this may be at lunch or company sponsored events) is associated with work performance problems.

THE "HANGOVER" EFFECT

The effects of a hangover due to drug or alcohol use contribute to many low-profile productivity problems in the workplace – problems that don't tend to be linked to substance use or come to the workplace leader or company's attention. These include working slowly due to impairment or fatigue as the result of a hangover, making a lot of mistakes, arriving late for work, missing days due to alcohol or drug-related illness, and conflicts in the work place due to irritability, stress, and fatigue. Even if an employee is not actually hung over, alcohol and drug use can disrupt sleep and cause next-day fatigue.

Even if a person doesn't feel severely hung over, their ability to think clearly, concentrate, and perform effectively may be diminished.

SECOND-HAND EFFECTS

There has been a lot of publicity about the harmful effects of second-hand smoke. Alcohol and other drug use also has second-hand effects. Second-hand effects are when a worker's use of substances adversely affects his or her co-workers. In one study, 21 % of workers reported being injured or put in danger, having to re-do work or cover for a co-worker, or needing to work harder or longer due to a co-worker's drinking. Current estimates of productivity costs related to substance use do not include second-hand effects.

AT A GLANCE

Substance use and gambling problems can affect the workplace in the following ways:

INDIVIDUAL	CO-WORKERS	BUSINESS
• possible self-injury	• increased risk of injury	• more absenteeism
• risk of demotion or firing	• unsafe work environment	• more accidents
• problems in major life areas, including problems with family, friends, and co-workers	• increase in number of disputes	• higher workers' compensation costs
• increased illness	• having to cover for a co-worker	• increased insurance costs
• loss of wages	• increased stress	• reduced productivity
• loss of self-esteem and respect	• reduced morale	• reduced morale
		• higher staff turnover
		• damage to equipment
		• theft
		• bad publicity
		• loss of business/ customers
		• possible legal liability issues
		• loss of public trust

The benefits of early intervention

Changes in productivity, attendance, quality of work, ability to concentrate, appearance, relationships with others, and unsafe workplace practices are some common indicators of a troubled employee. Your role as a workplace leader is to take action based on changes in the employee's behaviour and act as a bridge between the troubled employee and sources of help.

Don't wait for a major incident to arise before taking action! The earlier a troubled employee gets help, the better the chance of success. Early intervention reduces the impact on health and other major life areas, increases the chances of rehabilitation, and limits the impact on the workplace. Early intervention will save your company money and make your job as a workplace leader easier. This manual will equip you with

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Don't wait for a major incident to arise before taking action! The earlier a troubled employee gets help, the better the chance of success. Early intervention reduces the impact on health and other major life areas, increases the chances of rehabilitation, and limits the impact on the workplace. Early intervention will save your company money and make your job as a workplace leader easier. This manual will equip you with

the tools necessary to recognize workplace substance use or gambling problems before they get out of control.

What you can do

As a leader, you have the front-line responsibility of making sure that employees report for work, and remain, fit to perform their duties safely and well. This is not something that you are expected to do alone. As a leader, you can take responsibility for initiating discussions or ensuring training occurs so that all employees are clear about their responsibilities. You can also promote fitness for work by setting a good example and intervening when required.

Ultimately, the troubled employee is responsible for change. Your role is to identify the impact on performance and identify sources of assistance. You and your employees are partners in obtaining good work performance. This manual will help you to fulfill your role as a workplace role model and leader more effectively.

How this manual can help

It's Our Business is designed to help you, as a workplace leader, better understand the kinds of problems employee substance use and gambling can cause in the workplace and to help you deal with these problems more effectively.

This manual follows a comprehensive approach that can be used by leaders in any workplace. The information can be adapted to suit both small businesses and large corporations. The strategies and approaches outlined in the following modules will be of interest to businesses with no drug and alcohol policies, and those with well-developed policies. The information can be used by employers with few in-house resources and by those with a wealth of resources available to their employees (for example, an Employee and Family Assistance Program). The manual can also be adapted to different supervisory styles and levels of experience. It can be used by supervisors with little prior supervisory training, or it can be used to augment existing leadership skills.

How the manual is organized

The material in this manual is organized into self-contained modules and can be adapted to fit your specific workplace and situation. The entire manual can be read at once or you can read only the modules that fit your interests and needs. Each module is designed for quick, easy reference and contains the following sections:

MODULE AT A GLANCE

- gives a brief overview of the module and its relevance to you

KEY INFORMATION

- provides background information to help you better understand the topic

AT A GLANCE

- key information is summarized in boxes

FREQUENTLY ASKED QUESTIONS

- outlines questions commonly asked by workplace leaders (with the answers, of course!)

HOW TO USE THIS INFORMATION IN YOUR WORKPLACE

- lists strategies for passing on this information within your workplace team

RESOURCE MATERIALS

- lists resources and Web sites that you can go to for more information

How does problem gambling fit in?

It's Our Business focuses on alcohol and other drug use in the workplace. However, many of the concepts also apply to problem gambling. The manual contains a module on problem gambling that explains what it is and how it can affect the workplace.

OVERVIEW OF MODULES

The following is a brief overview of what you will find in the remaining modules.

MODULE TWO ■ Fitness for Work

One of the key responsibilities of any company is to ensure the safety of its workers, customers, and the public. This module focuses on the concept of "fitness for work." It will help you understand your leadership role in a safe workplace that balances the needs of the company with the needs of individual employees.

MODULE THREE ■ How Problems Develop/Facts on Drugs

If you want to better understand the problems alcohol and other drug use can cause at work, it helps to know something about how these problems develop. This module provides a framework for understanding how substance use problems develop, and an overview of different types of drugs.

MODULE FOUR ■ Problem Gambling

Most people readily agree that alcohol or drug use can affect job performance, but what about problem gambling? This module provides an overview of what problem gambling is, how gambling problems develop, and the affects problem gambling can have on family and the workplace.

MODULE FIVE ■ Family and Relationships

It's easy to see how an employee with an alcohol or drug problem can affect the workplace. It can be harder to understand how the workplace is affected when the problem is with a family member. How can what is going on at home affect how an employee does his or her job? Should the workplace play a role in assisting and treating the employee's family members? This module looks at the effect someone else's alcohol or drug use can have on others and the impact on the workplace.

Recommended Resources

AADAC. (1992). *Substance use and the Alberta workplace: The prevalence and impacts of alcohol and other drugs: Summary report.* Edmonton, AB.

Single, E., Robson, L. Xie, X. (1996). *The costs of substance abuse in Canada: Highlights.* Toronto, ON: Canadian Centre on Substance Abuse.

MODULE SIX ■ Intervention

As a workplace leader, you are likely reluctant to intervene when an employee is having personal problems. The good news is that you don't have to deal with personal problems. Your job is to manage work performance. This module offers information on when and how to intervene with a troubled employee by staying focused on job performance.

MODULE SEVEN ■ Getting Help: Treatment and Workplace Re-entry

This module answers questions about addiction treatment and talks about relapse. It also offers ways that you and your workplace can support an employee returning to work after treatment for a substance use problem to ensure greater success.

MODULE EIGHT ■ Workplace Peer Support Programs

Co-workers are often the first to notice when a fellow employee is having problems, and they can be very effective in encouraging someone experiencing a personal problem to get help. This module offers information on peer support, how it works, and how to create an effective workplace peer support team.

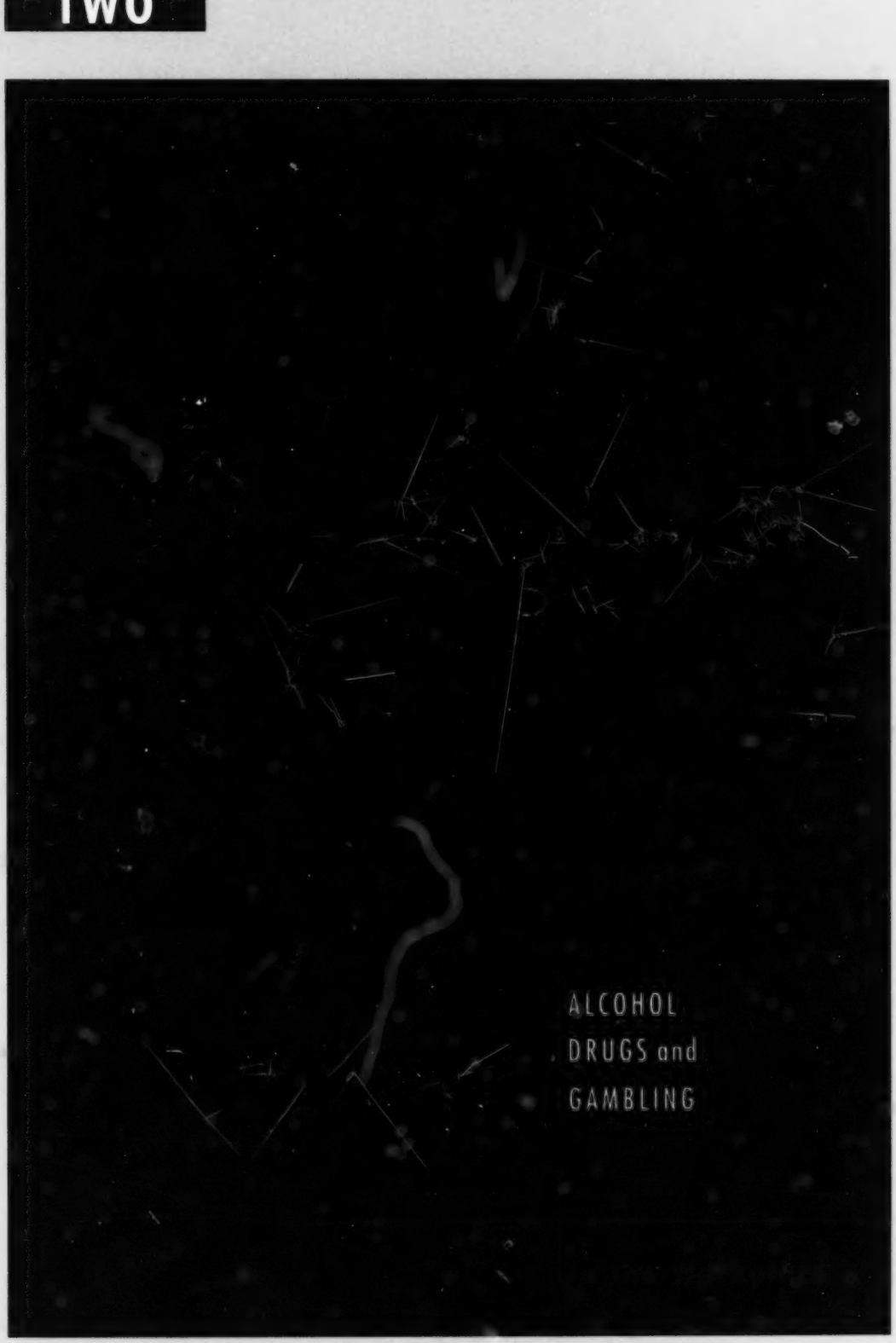
MODULE NINE ■ Promoting Workplace Wellness

A workplace whose members are in good physical and emotional health is more productive and easier to manage. This module will help you provide positive leadership and build a healthy and well-functioning workplace team.

MODULE TEN ■ Your Workplace Policies, Guidelines, and Resources

Add your own company policies, guidelines, and other resources, here to create a complete and practical manual.

MODULE TWO FITNESS FOR WORK



MODULE TWO FITNESS FOR WORK

One of the key responsibilities of any company is to ensure the safety of its workers, customers, and the public. Many companies respond to this need by implementing a variety of policies and programs aimed at ensuring workplace safety. These include clear alcohol and drug policies, disability management programs, safety programs, and workplace education programs.

Each of these policies and programs contributes to a safe workplace, but it's extremely important for these efforts to be well coordinated. Implementing workplace programs and ensuring that employees follow policies is a responsibility shared by front line supervisors. As a leader, being aware of all of these things can feel like a huge responsibility. You might be worrying that you have to be a drug expert, a mental health specialist, a medical practitioner, and a pharmacist! In fact, you don't.

This module will focus on fitness for work. It will help you to understand your leadership role in a safe workplace that balances the needs of the company with the needs of individual employees.

READ ON TO LEARN MORE ABOUT:

- the fitness for work approach
- the elements of a comprehensive fitness for work philosophy
- the role of alcohol and drug policies
- the role of alcohol and drug testing
- what leaders can do to promote fitness for work

KEY INFORMATION

What is fitness for work?

Fitness for work refers to the need for employees to show up fit to perform their work. It also refers to the need for workers to remain in a fit condition while they are performing their duties throughout the workday.

You would likely agree that it's important for your employees not to drink alcohol or use drugs while they are at work. But it is also critical that they don't show up for work still feeling the effects of the alcohol or drugs they consumed the night before. The same would be true for showing up at work feeling groggy and uncoordinated as a result of taking pain medication. All of these situations would affect an employee's fitness for work.

Fitness for work is also about making sure that shift workers are well rested and that workers who have illnesses such as diabetes or epilepsy are being treated for those conditions. It's also about ensuring that workers are wearing the required safety gear. Fitness for work even includes a focus on those who are emotionally upset or preoccupied with personal problems. For example, someone whose teenage daughter has run away from home the night before is not likely focused on work they way he or she needs to be. Neither is someone whose spouse was just diagnosed with cancer.

Fitness for work is a comprehensive approach a company can take to coordinate its efforts to ensure a safe workplace and early intervention with troubled employees. The fitness for work framework is made up of many elements.

"I've worked very hard to help my team understand that they can't leave the bar at 3:00 a.m. and show up for work at 7:00 a.m. thinking that they are sober and fit for work."

Fitness for work is a philosophy – it reflects the company's *approach* to dealing with a variety of issues. The main focus is on the employee's ability to do his or her job.

Fitness for work – A new way of thinking about common workplace issues

The fitness for work approach provides a framework for dealing with alcohol and drug problems at work in a proactive way. Using this framework, individual leaders are freed from feeling like they need to be drug enforcement police, medical experts, and counsellors. They don't have to focus on figuring out the cause when someone shows up for work looking or behaving differently. Instead, leaders focus strictly on whether the employee is fit to perform his or her duties.

Fitness for work focuses on telling employees what they *should* be doing, rather than what they *should not* be doing.

Some workplaces continue to concern themselves with what their employees are doing in their personal lives. If they are using illegal drugs, they are often dealt with harshly because of their choice to engage in an illegal activity. This approach puts workplaces and supervisors in the difficult position of needing to judge individual values about "right" and "wrong" behaviours. Of course workplaces are correct to be concerned about the use of illegal drugs. But with a fitness for work focus, the employee's fitness for work becomes the concern rather than focusing on the "bad" behaviour of taking illegal drugs. *The end result is the same – an unfit worker is removed from the work site – not because of individual choices, but because they are not fit for work.*

This new way of thinking makes it much easier for individual leaders to intervene based on a worker's obvious inability to perform safely and well. Diagnosing the cause is left to the professionals – occupational health nurses, physicians, counsellors, the Employee and Family Assistance Program (EFAP). Today, when a supervisor notices changes in an employee that indicate he or she is not fit for work, requesting a *fitness for work assessment* is an option.

Most times, if an employee does not appear fit for work and the leader intervenes, the worker agrees to go home. This might be true if the worker is feeling ill or has just received bad news, for example. Sometimes the leader intervenes after observing performance indicating that the worker has been using alcohol or drugs. In these instances, it is common for the worker to deny that his or her performance is being affected. The worker may claim that they are fit for work, while the leader is not convinced. Rather than trying to negotiate with, or persuade, the employee, the leader requests that the employee undergo a fitness for work assessment.

The employee is *immediately* referred, usually to a medical professional, for a decision about their fitness to perform their duties safely and well. This might be to a company physician or occupational health nurse in a larger company. A smaller company would likely ask the worker to obtain confirmation of fitness for work from a personal physician or a physician on call in a hospital emergency room. Part of this fitness for work assessment might include drug testing. Until clearance is obtained, the worker is not allowed to work.

A comprehensive approach

Fitness for work is a comprehensive approach where many individual pieces fit together to make up the whole picture. It can be helpful to think of the concept of fitness for work being like the rooftop on a multi-storeyed building, with a number of individual floors underneath.

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FITNESS FOR WORK
CLEAR POLICIES AND GUIDELINES
RANGE OF SUPPORT AVAILABLE TO EMPLOYEES
INDIVIDUAL PROGRAMS AND SERVICES
SHARED RESPONSIBILITY FOR WORKPLACE SAFETY AND FITNESS FOR WORK

CLEAR POLICIES AND GUIDELINES

The top storey of the fitness for work building is clear policies and guidelines. All staff should be clear on what the rules are and what is expected of them. The company should also have procedures and guidelines in place with regard to treating employees according to established labour laws. Some examples of things that might be included are:

CLEAR POLICIES AND GUIDELINES				
Alcohol & Drug Policy ◄►	Drug Testing Program	Disability Management Program	Safety Program	Shift Work Guidelines

Each of the above elements will work together, playing an important role in the company's approach to ensuring that individual employees are fit to perform their duties safely and well.

RANGE OF SUPPORT AVAILABLE TO EMPLOYEES

The middle storey of the building is the range of support that the company makes available to its workers while implementing its fitness for work approach. This range could include the following elements:

It is common for organizations to focus on *intervention* – identifying and dealing with troubled employees or those who violate policies.

The fitness for work approach is much more proactive, focusing on *prevention*. Teaching employees about the impacts of drug use on safe work performance, for example, allows them to make better choices. Here's an example of how effective prevention can be:

WITHOUT PREVENTION & EDUCATION	WITH PREVENTION & EDUCATION
A worker goes to work unaware that the Tylenol® 3 he is taking, as prescribed by his doctor for back pain, has the potential to affect work performance. The worker has an accident driving the company vehicle. The investigating supervisor notices that he is groggy and uncoordinated. The worker is tested for alcohol and drugs. He tests positive for opiates.	A worker is prescribed Tylenol® 3. He is aware that some medications can impair safe work performance The worker asks his doctor if the Tylenol® 3 can affect his work performance. The doctor advises him that taking Tylenol® 3 can impair his ability to drive or operate equipment. The worker discusses this with his supervisor and the supervisor reassigns him to other duties that do not involve driving.

In this example, the worker would fail a drug test, even though he has never used an illegal drug in his life. Tylenol® 3 contains codeine, which is derived from the same poppy that opium and heroin come from. Bottom line: the accident is still an accident and the driver was under the influence of a drug. This situation can be avoided when employees receive workplace education to help them understand the impacts of medication on safe work performance.

Achieving policy compliance through education is usually more effective and allows for a proactive and positive approach. The focus is on telling workers what *to do*, how to behave, and how to comply with the policies and guidelines of the workplace.

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The worker is tested for alcohol and drugs. He tests positive for opiates.

WITH PREVENTION & EDUCATION

A worker is prescribed Tylenol 3. He is aware that some medications can impair safe work performance.

The worker asks his doctor if the Tylenol 3 can affect his work performance. The doctor advises him that taking Tylenol 3 can impair his ability to drive or operate equipment.

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Today's workplaces also focus more attention on supporting recovering workers and those returning to work after a leave, for whatever reason. There is a lot that the leader and the organization can do to increase an employee's chance of success. (You will find more information on how to support a recovering employee in Module 7: Getting Help – Treatment and Workplace Re-entry.)

INDIVIDUAL PROGRAMS AND SERVICES

The ground floor of the "fitness for work" building represents the individual programs and services. These contribute to the understanding and effective administration of the policies and support services offered to employees. Some examples are:

INDIVIDUAL PROGRAMS AND SERVICES				
Education	Supervisory Training	Workplace Wellness Program	EFAP	Workplace Peer Support Team

For more information on workplace health and wellness or workplace peer support, please refer to the modules on those topics.

SHARED RESPONSIBILITY FOR WORKPLACE SAFETY AND FITNESS FOR WORK

The foundation of the building is shared responsibility for workplace safety and fitness for work. Like individual bricks, each employee contributes significantly to the strength of the foundation that supports the company's commitment to fitness for work.

This description of fitness for work may not encompass all of the things that your company has in place. It will give you an idea of how important it is for all of these individual elements to support one common goal – employees who are fit to perform their individual work duties safely and well.

The role of alcohol and drug policies

Having a clear alcohol and drug policy is one element of a comprehensive fitness for work framework. While individual leaders are usually not responsible for developing policies, they often participate in policy design committees or policy review meetings. Leaders also play a key role in the implementation of the alcohol and drug policy and are usually responsible for ensuring that employees are adhering to its standards.

Here are some key points for your company to consider in developing an effective alcohol and drug policy:

1. An important consideration when setting up a policy is what to call it. When the policy is called a "substance abuse policy," it implies that the company is only concerned with abuse or addiction and those employees who are using drugs and alcohol in a problem way. Using the fitness for framework, the policy should apply to all employees. Calling it an "alcohol and drug policy" is one way to reflect this.
2. Each company should write its own policy. While it can be useful to refer to other company policies, it is very important to develop a policy that reflects the company's unique circumstances and practices. When "borrowing" heavily from others, it is common for companies to end up with policies that are disjointed, not aligned with their own practices, and often reflecting more elements that they might actually need.
3. Rely on a policy expert for assistance. This is serious business and it's important to utilize expertise in developing an alcohol and drug policy. There are few formal guidelines in Canada to serve as a template for policy development. The precedents concerning workplace alcohol and drug use are still evolving in Canada and, as a result, there are often changes as to what is (and what is not) appropriate or acceptable practice for Canadian companies.
4. Involve employees and their unions in the development of the company's alcohol and drug policy. In the best-case scenario, the company, the union(s), and the employees will support and even co-sponsor the finished policy.
5. Find a balance between the needs of the company and the desire to support troubled employees. It's important for companies to practice due diligence – being responsible for the safety of employees, customers, and the public. It's also important to offer assistance to employees who are affected by alcohol and drug problems.
6. Be clear about who is covered by the policy (all employees, contractors, those in safety sensitive positions, etc.), what behaviours/substances will be prohibited, and where and when the policy will apply. It is also a good idea to outline the roles and responsibilities of various groups (all employees, human resources, leaders and supervisors, EFAP, etc.). The company must also decide whether or not to utilize drug testing. A policy expert will be able to help with these choices.

7. Use positive language.
8. Outline the resources/sources of help available to employees who are experiencing problems and the methods by which employees can seek this assistance.
9. Be clear about the consequences for policy violation. It is important for employees to know, up front, what the consequences of their behaviour choices will be.
10. Ensure that a lawyer specializing in workplace law reviews the finished policy. This is a very important step to make sure that your company's policy is up to date and reflects acceptable practices. It will be important to have the policy reviewed regularly to ensure that any required changes are made.
11. Educate *all* employees about the policy. This is a critical step. Employees can only comply with policies if they know what the policies are and what behaviours are expected of them. It is imperative for employees

A policy will be easier to understand, and more positive, if it tells employees *what to do* rather than focusing on a long list of "don'ts."

AT A GLANCE

EFFECTIVE ALCOHOL AND DRUG POLICIES:

- focus on all employees
- are called "alcohol and drug policies" not "substance abuse policies"
- reflect the company's unique circumstances and practices
- often involve the assistance of a policy expert
- reflect employee and union involvement in development
- find a balance between the needs of the company and the desire to support troubled employees
- include clear and specific standards and responsibilities
- use positive language
- outline the resources/sources of help available to those experiencing problems
- clearly describe the consequences for policy violation
- include review by a lawyer specializing in workplace law
- are clearly communicated to all employees and reviewed regularly with them

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to have opportunities to ask questions that will allow them to be absolutely clear with regard to policy guidelines.

12. Once the policy has been enacted, it is a good idea to review it regularly with all employees. This can be done at staff meetings or safety presentations.

Developing an alcohol and drug policy can be one very important aspect of ensuring fitness for work. Even small companies will benefit from having an alcohol and drug policy. Due to the number of decisions that need to be made and the complexity of these choices, it is recommended that you seek the help of a policy expert to assist you in developing your policy.

The leader's role in alcohol and drug policies

1. Participate in the development of your company's alcohol and drug policy. If your policy is already developed, you may wish to volunteer for the policy review committee.
2. Ensure that you are knowledgeable about your company policy. Ask for clarification where points are unclear. Make sure your knowledge is current and that you are kept up to date of policy revisions.
3. Regularly review the alcohol and drug policy with your employees. Ensure that they understand the standards and their responsibilities. Make copies available to your employees.
4. Implement the policy. Intervene when you suspect that employees are not fit for work or when you observe performance indicators that an employee may be under the influence of alcohol or drugs. When you receive reports from others that an employee has been drinking or taking drugs, take them seriously. Investigate the situation and take the required actions. For those in unionized environments, you may also be required to involve a union representative. (You will find more information on how to intervene in Module 6: Intervention.)
5. Rely on resources to assist you when you are not clear about what to do. Each company will have its own guidelines about who to call for assistance, but these will likely include a manager, your human resources team, an occupational health nurse, or your EFAP.

What about alcohol/drug testing?

Deciding whether or not to include alcohol/drug testing as part of a fitness for work approach is an important decision. Each company will have to

decide for itself. In order to make the decision, you may need to rely on expert assistance. Here are some points for companies and leaders to consider about drug testing:

1. Alcohol and drug testing involves legal, ethical, and technical issues. As a result, it's controversial. While it can be useful in some situations, it is not the complete answer to reducing alcohol and drug misuse in the workplace.
2. Alcohol is the only drug for which there is a legally accepted standard of impairment. With other drugs, it is not known how much of the substance causes impairment, how much causes intoxication, etc.
3. A positive drug test result indicates only that a substance is present in the urine sample. It cannot determine the level of impairment at the time the sample was taken. For example, a positive test for cannabis can indicate that an employee has used marijuana or hashish in the past days or weeks. It cannot tell whether or not he or she was fit for work at the time the urine sample was provided or whether or not the drug was used while the person was on the job.
4. Testing cannot differentiate between occasional and addictive use. For example, in the case of an employee who is charged with impaired driving, the test result following a breathalyzer cannot tell if the employee is an alcoholic or simply someone who made a bad decision (to drive under the influence) in a single instance (after the Christmas party). An alcohol and drug assessment by a trained professional would be needed to make this determination.
5. Testing can determine that an individual has used a particular type of drug as confirmed by presence of that drug in the sample. So, it does have some usefulness in post accident or post incident situations. A positive test result *may* indicate that use of drugs *may* have been a factor in the accident or incident. Because impairment levels for alcohol are known, testing can likely determine whether or not alcohol was a factor.
6. Sometimes testing is used with employees who have returned to work after being sent to a treatment program because of an alcohol or drug problem. For addicted employees, total abstinence (absolutely no use) from the substance of concern is recommended. Once the employee returns to work, occasional testing can tell the employer whether or not the employee is maintaining sobriety. If they have relapsed (returned to their old drinking or drug-using behaviour), further steps

"It took our company a long time to understand that a positive drug test didn't always mean the employee was addicted. Treatment isn't always the answer – sometimes it's simply a case of bad judgment and they have to suffer the consequences."

can be taken. Some employees who are recovering from alcohol/drug addiction say that they find testing after treatment helpful in maintaining their recovery.

7. Some employers are required to have a testing program in place in order to bid on or perform work. This is the case for some companies in the transportation industry that are involved in cross-border transportation to the United States, for example.
8. Little research has been conducted to determine whether alcohol/drug testing is effective in reducing substance use, or whether it is better than effective supervision in detecting impairment.

AT A GLANCE

ALCOHOL AND DRUG TESTING CONSIDERATIONS:

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- testing cannot differentiate between occasional and addictive use
- testing may be useful in some situations, such as after an accident or incident
- testing after an employee returns from treatment may be one way to provide support to the recovering employee and ensure that they are maintaining sobriety/abstinence
- some employers are required to have testing programs in place in order to bid on or perform work
- if alcohol and drug testing is used, it should be as part of a comprehensive alcohol and drug policy

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Implementing alcohol/drug testing programs

Alcohol and drug testing should not stand alone as the company's only effort to determine fitness for work. If used, it should be part of a comprehensive alcohol and drug policy that includes clear guidelines about drug testing, education, and training for all employees:

- employees need to understand why testing has been introduced
- employees need to be clear on alcohol/drug testing guidelines, procedures, and consequences of a positive test result
- employees need to feel secure that those with an alcohol or drug problem will be treated fairly and given support throughout the treatment and recovery process
- supervisors/managers must be trained on policy, procedures, and consequences of a positive test
- supervisors/managers need to be provided with the skills to manage workplace substance use problems

The leader's role in alcohol/drug testing

1. Ensure that you are knowledgeable about your company's alcohol and drug testing program. Ask for clarification where points are unclear.
2. Make sure that employees understand the alcohol/drug testing program. You do not have to be a drug testing expert. You can invite a speaker in to talk with your team about testing and how it works. The laboratory that provides your drug testing services can likely help you to find a knowledgeable speaker.
3. Make sure that employees are clear about situations in which they may be asked to submit to an alcohol/drug test. Your invited speaker can talk to the employees about how their consent will be obtained, how the sample will be provided, the safeguards in place to prevent tampering with samples, how positive test results will be confirmed by a second test, and to whom results will be reported.
4. Request that employees submit to a drug test when required to do so under your policy. Front line leaders are often the first to notice signs that a worker is not fit for work. Your individual company policy will spell out what actions you should take. It is rare that a leader would be asked to refer employees for drug tests without first consulting with at least one other person. Be clear on your role and take action when required.

5. Rely on resources to assist you when you are not clear about what to do. Each company will have its own guidelines about who to call for assistance, but these will likely include a manager, your human resources team, an occupational health nurse and, often, a union representative.

Fitness for work – a shared responsibility

You, as a leader, have the front line responsibility of making sure that employees report for work, and remain, fit to perform their duties safely and well. But this is not something you are expected to do on your own.

Promoting fitness for work must start at the top. The company must equip its leaders by providing clear policies, guidelines, and programs that support fitness for work. The company must also support its leaders in enforcing fitness for work. This starts with training and extends to standing behind leaders when they make a decision to remove a worker who does not appear fit for duty.

Individual employees must also share in the responsibility of keeping the workplace safe. This starts with their own decisions about such things as drug use, safe work practices, following shift work guidelines, and managing treatable medical conditions such as diabetes and epilepsy. Individual team members must also learn how to intervene when they suspect that a co-worker is not fit for work. Each workplace will have its own guidelines about what steps should be taken. A common approach is for workers to alert the leader if they are concerned about a co-worker. But sometimes the leader isn't there or sometimes the situation calls for immediate action. All employees must be clear on the steps to take to ensure safety for everyone.

As a leader, you can take responsibility for initiating team discussions or ensuring that training occurs so that all employees are clear about their safety responsibilities. You can also promote fitness for work by setting a good example and intervening when required.

FREQUENTLY ASKED QUESTIONS

Do small companies really need an alcohol and drug policy?

It's a good idea for *all* companies to have clear guidelines about alcohol and drug use. Smaller companies can't usually offer the range of services that larger companies do. For example, a small company may not have an EFAP or wellness and peer support programs. But, even small companies can designate one owner or one manager to coordinate the services they can offer. This person can find out what alcohol and drug services are available in the community. The manager can serve as a link between employees with problems and these community sources of help.

How accurate are drug tests?

The technology of testing is very accurate provided that trained and qualified staff are collecting, analyzing, and reviewing the results. Companies should use certified laboratories that follow strict protocols with regard to the collection and handling of samples. Each time a sample results in a positive test, the same sample is tested again using different equipment and a different technician to ensure that the same results are obtained. This is called a confirmatory test. A confirmatory test would always be done prior to a company receiving a report that an employee has tested positive for alcohol or drugs.

How long after using drugs can they be detected in a sample?

This question is a little harder to answer. Each person is different. Each drug is different. Some classes of drugs stay in the body for a few days and some can be detected even after a few weeks. It depends on a number of things, including how long it takes your body to "metabolize," or clean out, the drug. Alcohol, for example, is usually metabolized more quickly. Marijuana may be detected a few weeks after the last use. Although it may not be the answer that some people would like to hear, the best way to prevent a positive test result is not to use at all.

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Recommended Resources

Alcohol/Drug Policy Development, Workplace Information Series. AADAC, 1999.

Employment-Related Alcohol/Drug Testing, Workplace Information Series. AADAC, 1999.

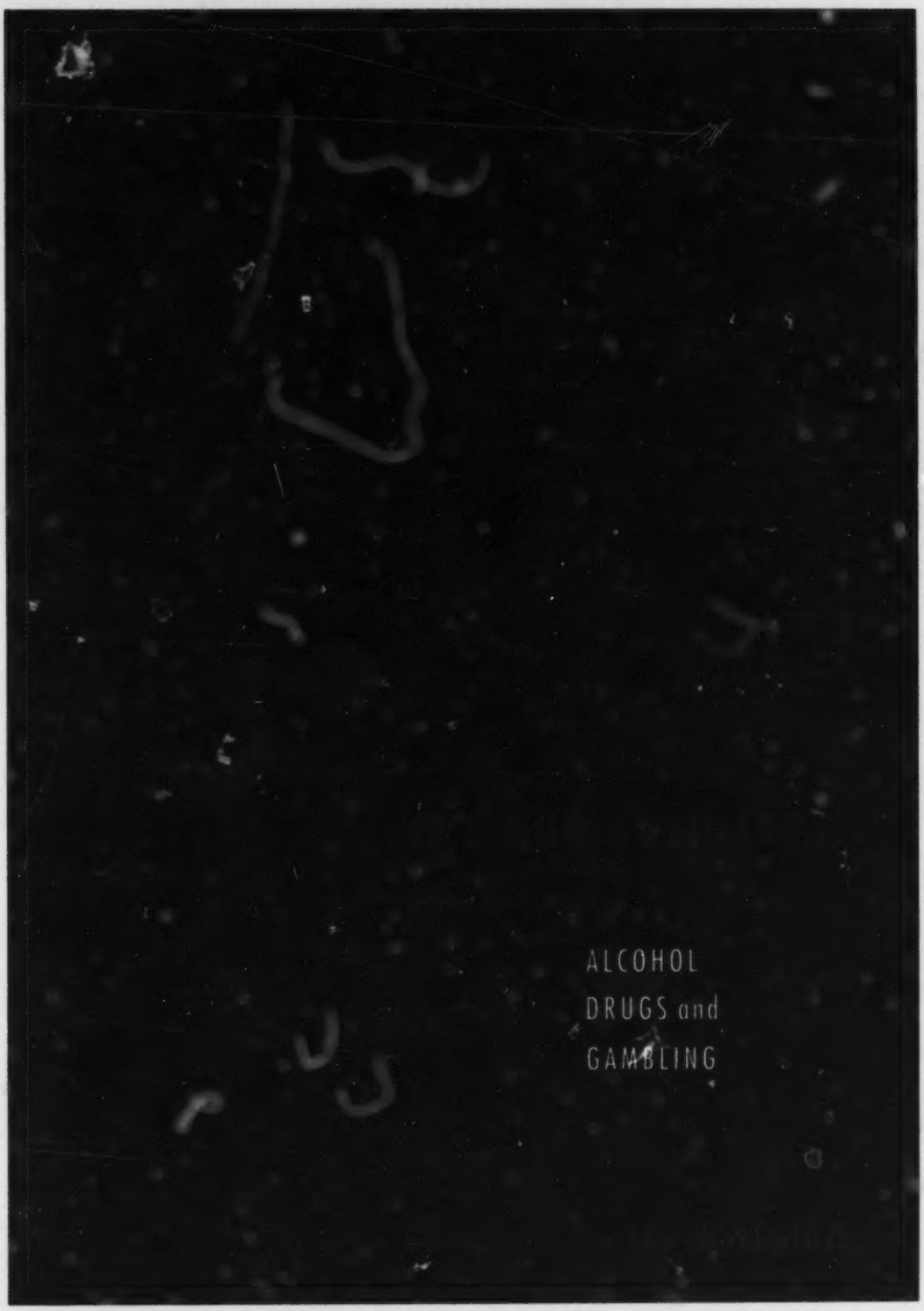
Butler, Barbara. 1993. *Alcohol and drugs in the workplace*. Markham, ON: Butterworths.

HOW TO USE THIS INFORMATION IN YOUR WORKPLACE

- Review your company's alcohol and drug policy with your employees on a regular basis. You can do this at times when you are already getting together – safety meetings, staff meetings, etc.
- Make sure that all employees have a copy of the alcohol and drug policy and that they know where to obtain one for reference on site. Having the policy locked up in a leader's office does not serve employees adequately. Post a copy in each work unit for easy reference.
- Invite a physician or pharmacist to talk with your team about the effects of some common drugs on work performance. Encourage employees to ask questions.
- Teach employees to discuss their specific job duties with their physician, especially if medication is prescribed. Help employees to understand the importance of asking a physician if they can safely perform their work duties while using the medication or if modified work is required. In cases where modified work is advised, ask the employee to get a note from a physician indicating what they can do and how long the modified duty will be required.
- Teach employees to talk with their pharmacist before using over-the-counter medications to ensure that these drugs will not affect safe work performance.
- Ask a pharmacist to do a review of any medications that are kept on site in first aid kits or nursing stations. Ask the pharmacist to ensure that none of the headache remedies, decongestants or other cold medications made available to employees have the potential to impact safe work performance.
- Invite a speaker from the laboratory that does your alcohol/drug testing to speak to your employees. Focus on telling employees what happens when they go for a test, how test results are handled and analyzed, what a positive result means and how positive test results are communicated to the company. Leave lots of time for questions.
- Help your employees to understand that fitness for work is everyone's responsibility. Offer education to all employees so that they know how to intervene if they think a co-worker is not fit to perform their duties safely. Ensure that you take action when you receive reports from team members that an employee is not fit for work.

Permission to reprint *Fitness for Work* model from: *Essential Skills for Supervisors – Managing Employees with Personal Problems*, Training Program, Kris Robins Training & Consulting Services Ltd., Grande Prairie, 1998.

MODULE THREE HOW PROBLEMS DEVELOP/ FACTS ON DRUGS



MODULE THREE HOW PROBLEMS DEVELOP/FACTS ON DRUGS

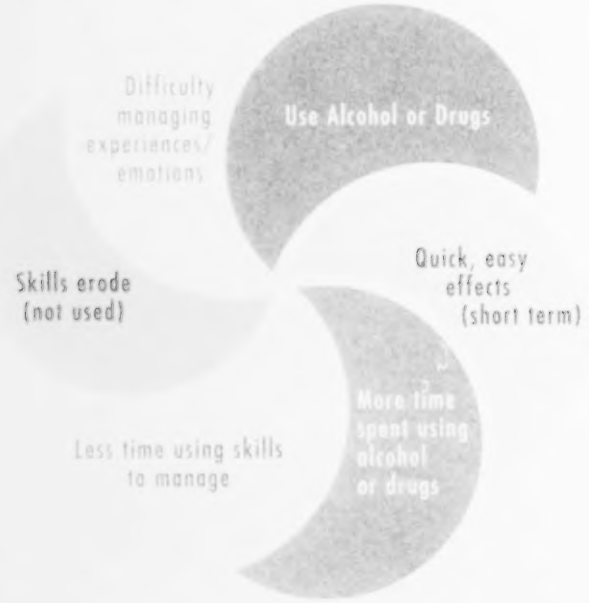
If you want to best understand the problems alcohol and other drug use can cause at work, it helps to know something about how these problems develop. It also helps to know something about the drugs, too. Can somebody who drinks or uses drugs socially "have a problem"? How do people get hooked on a substance? Can someone who is hung-over present a safety risk? What about somebody with a bad cold who is taking over-the-counter medicine? Should you be concerned if an employee is taking a drug as prescribed by a doctor? Do you know what cocaine looks like?

As a leader, you are not expected to determine whether an employee has an alcohol or drug problem. Let the professionals do the assessments! However, it can be very helpful to have an understanding of where the line is between social use and problem use.

This module provides an overview of different types of drugs, and a framework for understanding how substance use problems develop. This will not make you an expert, but it will provide you with some background to better understand the process of addiction.

READ ON TO LEARN MORE ABOUT:

- how substance use problems develop
- it's a problem when...
- stages of use – from no use to dependency
- mood-altering drugs and their effects


Difficulty managing experiences/ emotions
Use Alcohol or Drugs
Quick, easy effects (short term)
More time spent using alcohol or drugs
Less time using skills to manage
Skills erode (not used)

KEY INFORMATION

How alcohol and drug problems develop

If there were no "good things" about using alcohol and other drugs, people wouldn't use them. People use substances because they provide two things that people want: pleasure and relief from emotional or physical pain. In other words, drugs work. They work quickly, too. So the good things about using drugs are in the present, short-term. However, there are also many not-so-good things about using substances. The problems associated with alcohol and other drug use usually evolve over time.

The short-term, good things and the longer-term, not-so-good things can form a cycle that explains how substance use can develop into dependency. At first, getting high feels good and allows a person to temporarily escape from life's problems. And, it's so easy! But, the more often a person turns to alcohol or drugs to try to cope with or escape life's problems, the less they use other life management skills. Gradually, more time is spent drinking or using drugs, and less time is spent managing life in healthy ways. The person relies more and more on the substance to cope. The more they use, the more problems they may have at home, at work, and with their friends. The more problems, the more they use, and so on. Eventually, the person requires the substance just to try to feel "normal."

Cycle of dependence

How people move through this cycle differs for each person. Here are some examples of how this cycle works:

> Bill is having problems at home. He and his wife have been fighting a lot lately. To get away from the stress at home, he starts going out "with the boys" more often. Rather than dealing with the problem with his wife, he avoids it by going to the bar. He has a few too many, comes home, and the fighting gets worse. The less that Bill and his wife talk, and the more he drinks, the harder it gets for them to sort things out.

May start here
Use Alcohol or Drugs
Quick, easy effects (short term)
More time spent using alcohol or drugs
Less time using skills to manage
Skills erode (not used)
Difficulty managing experiences/ emotions

Susan started smoking pot as a teenager to fit in with a peer group. She found that when she was high, it was easier to socialize and to overcome her shyness. Rather than developing the social skills needed to feel confident, she started to rely on marijuana to "loosen her up" at social events. Over time she become more dependent on pot and now can't handle social situations without getting high.

It's a problem when...

No one sets out to become an alcoholic or an addict. Problems with alcohol and other drugs usually develop gradually, over time. The more a person drinks or takes drugs, the greater the risk for developing a problem.

Alcohol and drug problems can develop for a variety of reasons. Problems can occur when a person:

- uses too much of a drug or takes it too often
- uses drugs for too long (The longer a person uses a substance, the more difficult it can be to stop. Some medicines, like painkillers and sleep aids, can cause problems if taken for extended periods of time or after they are no longer needed.)
- takes drugs for the wrong reasons (using alcohol to cope with unpleasant feelings, taking pain relievers to deal with stress, taking someone else's medications)
- takes drugs without following directions (taking more than the prescribed dose, driving when taking a drug that warns that performance can be impaired)
- combines drugs (many drugs become dangerous when mixed, and can produce unwanted or unexpected side effects)
- uses in dangerous ways (driving while under the influence, sharing injection equipment, buying drugs on the street where you can never know for sure what's in them)

People don't set out to become dependent on alcohol or drugs, nor do they just wake up one day and find they are addicted. Dependence on a substance is a process that happens over time.

TOLERANCE
DEPENDENCE
PROBLEMS
IN MAJOR
LIFE AREAS
LOSS OF CONTROL
BLACKOUTS

As an alcohol or drug problem gets worse, the person may experience:

TOLERANCE

With regular use over time, the body adapts to the presence of alcohol or another drug in its system. This results in a person needing to take more and more of the drug to get the same effect. For example, when young people drink their very first beer, they likely feel the effects. As they age and get larger physically, and as their bodies get used to having alcohol in the system, tolerance increases. Over time, they will need to drink more alcohol to get that "buzz." Tolerance can continue to increase to the point that some people need to drink a lot of alcohol before they feel like they are "high." People develop tolerance for other drugs in the same way.

A heavy drinker or drug user can consume a lot and not appear intoxicated. They have adjusted to feeling impaired and have learned to control their behaviour even after consuming a lot. This is called *behavioural tolerance*. They may have learned not to slur their speech or stagger, but they are still impaired and present a definite safety risk.

DEPENDENCE

Dependence occurs when a person becomes "hooked" on alcohol or drugs. This can happen physically and/or psychologically.

PHYSICAL DEPENDENCE: "IT'S IN THE BODY"

Physical dependence occurs when the body becomes so used to alcohol or a particular drug that it cannot function normally without it. People who are physically addicted to alcohol or drugs will most likely experience withdrawal when they stop taking the substance.

Withdrawal is the unpleasant and sometimes life-threatening physical reaction a person may experience when they stop using alcohol or another drug. Physical dependence is often measured by how severe withdrawal is. The symptoms and length of time it takes to withdraw from a substance vary depending on the substance, how long the person has been using, how much they have been using, and their health.

Withdrawal symptoms range from mild discomfort to life-threatening reactions. For example, a hangover from alcohol is a mild form of withdrawal; severe alcohol withdrawal can include hallucinations and seizures. Some people can withdraw safely on their own. Others need medical assistance and must go to a detoxification centre or hospital to ensure that their withdrawal is managed safely.

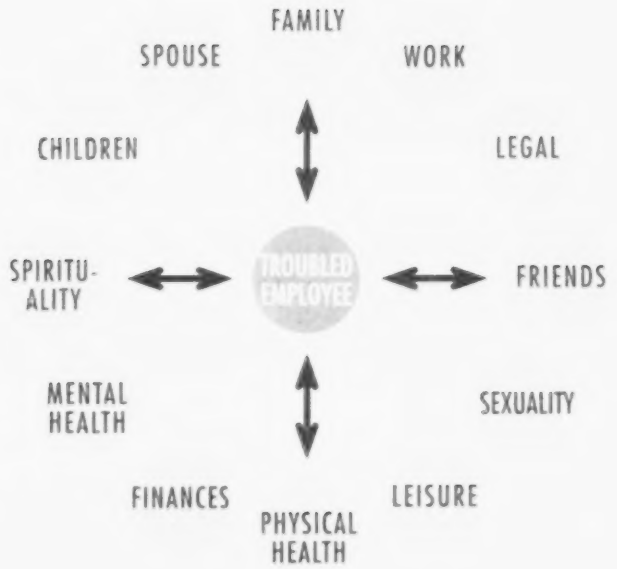
PSYCHOLOGICAL DEPENDENCE: "IT'S IN THE MIND"

Psychological dependence occurs when a person's thoughts, emotions, and activities become centred on alcohol or drug use. They believe that their thoughts, emotions, or activities would be less satisfying or even impossible without using alcohol or the drug. They can experience cravings even though there is no physical dependence. People can become psychologically dependent on almost any mood-altering drug (the only exception appears to be hallucinogens such as LSD).

Physical dependence ends when withdrawal is complete. However, psychological dependence can linger for a long time. For example, the *habit* of cigarette smoking lasts much longer than the actual withdrawal from nicotine. It is the psychological dependence that creates the most difficulty when quitting smoking. Psychological dependence also creates many of the difficulties in recovery from heavy alcohol or drug use.

PROBLEMS IN MAJOR LIFE AREAS

One of the most important indicators of an alcohol or drug problem is when a person continues to drink or take drugs despite the problems it creates. The life areas that can be affected by a person's alcohol or drug use include:



Examples of the types of problems a person may experience in the major life areas include:

- feeling depressed, angry, guilty, ashamed
- being charged with impaired driving or possession of an illegal substance
- an increase in debts, problems making payments, not being able to cover basics such as rent, mortgage, utilities, food or other necessities for the family
- poor job performance, failing a drug test, getting disciplined, fired
- more and more leisure activities involving drinking, using, less time with family, losing friends who do not drink or use
- hangovers, blackouts
- arguments with spouse, spending less time with children

It's also important to realize that sometimes it is problems in the person's life that contribute to alcohol or drug use. Men and women who are dissatisfied with their jobs, who are experiencing grief or loss, who have stresses at home, who suffer from poor self esteem, or who are battling

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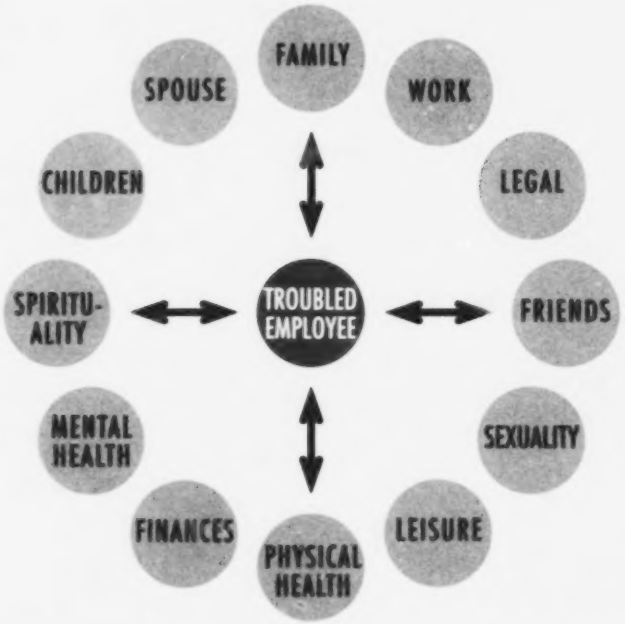

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- an increase in debts, problems making payments, not being able to cover basics such as rent/mortgage, utilities, food or other necessities for the family
- poor job performance, failing a drug test, getting disciplined/fired
- more and more leisure activities involving drinking/using, less time with family, losing friends who do not drink or use
- hangovers, blackouts
- arguments with spouse, spending less time with children

It's also important to realize that sometimes it is problems in the person's life that contribute to alcohol or drug use. Men and women who are dissatisfied with their jobs, who are experiencing grief or loss, who have stresses at home, who suffer from poor self esteem, or who are battling

illnesses will sometimes attempt to cope by drinking or using drugs. These are complex issues. That's why it's so important to leave diagnosis to the professionals.

BLACKOUTS

A blackout is a loss of memory for events that happened while drinking or using drugs. A person may wake up at home, for example, but not remember how they got there. Some people will experience memory lapses for large periods of time but, most commonly, people who experience blackouts will not recall an hour or two of their drinking or drug using experience.

When helping someone to determine whether or not alcohol or drug use is a problem, the counsellor will ask about blackouts. Although not all people will have them, they do commonly occur in those who are experiencing signs of physical dependence.

LOSS OF CONTROL

An important factor in determining whether or not someone has an alcohol or drug problem has to do with whether or not they can "control" their use. For example, if a person decides to have two beers after work, they are able to stop after having those two drinks. Often, people who have alcohol/drug problems are not able to limit their use. After starting to use, they are unable to stop when they want to or had planned to. They find themselves drinking or using more than they intended, despite their best intentions to limit or control their use.

" I never thought I had a drinking problem until I took an honest look at how the things going wrong in my life were connected to the booze. Arguments at home, hassles at work ... once I got my drinking under control I was able to sort these problems out."

AT A GLANCE

TOLERANCE

With regular use over time, the body adapts to the presence of alcohol or another drug. The user needs more and more of the drug to get the same effect.

DEPENDENCE

Physical – occurs when the drug user's body becomes so used to alcohol or a particular drug that it cannot function normally without it.

Psychological – occurs when a person believes that their thoughts, emotions, or activities would be less satisfying or even impossible without alcohol or the drug.

EFFECTS ON MAJOR LIFE AREAS

Alcohol and other drug problems exist when an individual's use of a substance results in continued negative consequences in the major areas of their life (work, relationships, health, etc.).

BLACKOUTS

Refers to loss of memory for events that happened while drinking or using drugs.

LOSS OF CONTROL

Despite their best efforts to "control" or limit use, the user ends up drinking or using more drugs than they planned.

AT A GLANCE

SIGNS OF A PROBLEM

Factors assessed by the employee and their counsellor or physician

TOLERANCE

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Stages of alcohol/drug use

There are many different choices that people can make regarding alcohol/drug use. Some will choose not to use at all. Others will decide to use socially and have no problems controlling their use.

Some people will start out experimenting with a particular drug and end up becoming addicted to it. For them, use occurs in a progressive pattern – they use more of the drug more often until they have become hooked or dependent. The majority of people who start using a drug will not become addicted.

Here are some common ways that people use drugs – these may be based on individual choices or reflect a progressive pattern of use:

NO USE

Most people are born into the world in a state of "no use." The exception is babies born to addicted mothers. Some people choose to remain non-users. Others use for a while and then make a conscious choice not to use – for health or religious reasons, for example.

EXPERIMENTAL USE

Many people experiment with drugs and alcohol. They do this for a variety of reasons, often to see what it is like. Experimentation can happen at any age – adults can experiment, too. Some people don't like the feeling of being drunk or high, so they stop. Others don't like the consequences of use (hangovers, spending money, feeling out of control, etc.) so they choose not to use again.

SOCIAL USE

Social users are able to use occasionally and stop when they want to. They are able to remain in control and don't use more than they intend. They might disappoint someone because they over-indulge on one occasion, but they don't continue to do so time after time. In other words, they can use without *continued* negative consequences.

Many Canadians are social users of alcohol. They use once in awhile without experiencing continued problems because of their use.

HARMFUL USE

People who use in harmful ways are not yet physically or psychologically hooked on the drug or alcohol, but they are often using heavily. Sometimes using is the focus of how they spend their free time – getting ready for the party, going to the party, recovering from the party. People who are harmfully involved are almost always experiencing problems in their lives because of their use.

When people are in this stage, their use could be described as a problem. But, the good news is that they can turn it around. They can learn to restrict their use or use more responsibly *as long as they are not yet dependent on the drug.*

DEPENDENCE

People who are dependent are physically and/or psychologically addicted to alcohol or drugs. Often, they are not able to stop using when they want to. People who are addicted experience withdrawal when they are coming off alcohol or drugs. They may feel like they need the drug or the alcohol.

AT A GLANCE

NO USE

- some people do not use drugs for various reasons

EXPERIMENTAL USE

- try a drug to see what it's like
- experience may or may not result in further use

SOCIAL USE

- occasional use without major problems

HARMFUL INVOLVEMENT

- increasing use in spite of negative consequences

DEPENDENCE

- drug is used to feel normal (physically/emotionally)
- regular and increasing problems in major life areas
- loss of control over amount/time of use

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STAGES OF USE

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- loss of control over amount/time of use

in order to feel normal. People who are addicted are almost always experiencing problems in their lives as a result of their use. Once a person has reached this stage, he or she will likely need help in order to stop using. And, he or she will likely need to quit using altogether.

Theories of addiction

There are many theories that try to explain why people become dependent on alcohol or drugs. Here are four of the main theories of addiction:

- it is behaviour we learn as we grow up (when someone comes from a family where a parent or other caregiver drinks or abuses drugs)
- some people are genetically predisposed (it's inherited)
- it is a process that occurs gradually over time (a habit)
- people become addicted because they can't cope with problems in their lives

No one theory explains why people become addicted to alcohol or drugs. For most people, there are many reasons they end up having problems. Regardless of why a problem develops, it's *what* the person does about it that matters.

Mood altering drugs and their effects

You've now read about how problems develop, but what about the drugs themselves? This section will provide you with an introduction to "mood-altering drugs" and a brief overview of the kinds of drugs you may hear about that may be causing problems at work.

Certain drugs are referred to as mood altering because they change how a person thinks, feels, or acts. Some drugs make a person feel more relaxed (*depressants* such as alcohol), others make a person feel more excited (*stimulants* such as cocaine), and some change how a person perceives the world (LSD, for example).

Because these drugs change how a person thinks and feels, they can also impair how a person performs. People taking mood-altering drugs can pose serious safety threats at work. Many of these drugs can cause serious impairment, even when taken as prescribed. When they are misused, there may be even greater problems.

There are dozens of drugs available on the street and thousands available by prescription. Even pharmacists have trouble keeping track of them all!

Rather than describe all of these, we will focus on the drugs that are most commonly abused. Here are the drugs/categories of drugs that are covered:

- alcohol
- other depressants
- cannabis
- cocaine
- other stimulants – amphetamines
- heroin and other narcotics
- ecstasy and other hallucinogens
- solvents/inhalants
- prescription and over-the-counter drugs

All of these drugs affect a person's ability to function, and an employee under the influence of any of these substances presents a safety risk at work.

ALCOHOL (A DEPRESSANT)

Alcohol is one of the most commonly abused mood-altering drugs. The use of alcohol is an accepted part of our society – 80% of our adult population drinks it at some time or another. Alcohol is a depressant, which is a group of drugs that slows down the central nervous system.

SHORT-TERM EFFECTS	LONG-TERM EFFECTS	TOLERANCE & DEPENDENCE
euphoria, drowsiness, dizziness, lowered inhibitions; larger doses can cause slurred speech, staggering, double vision, and stupor; very large doses can cause death by blocking the brain's control over respiration	liver and brain damage, heart disease, blackouts, impotence, reproductive problems, ulcers	tolerance develops over time; so does physical and psychological dependence; withdrawal symptoms range from sleep problems, sweating, nausea and vomiting to tremors, seizures, hallucinations, and even death

OTHER DEPRESSANTS

Depressants other than alcohol include tranquilizers and sedatives. Tranquilizers are often prescribed for anxiety, as muscle relaxants, for nervousness, and for sleeplessness (Valium®, Vivol®, Ativan®, and Librax®). Sedatives are prescribed to help people sleep (Seconal®, Nembutal®, Halcion®). All of these drugs can severely impact a person's ability to perform. Combining these drugs with alcohol can be very dangerous, even fatal.

SHORT-TERM EFFECTS	LONG-TERM EFFECTS	TOLERANCE & DEPENDENCE
reduces tension, impairs thinking, slows reflexes and breathing, concentration and memory impairment, impairs motor skills	anemia, liver damage, depression, confusion, disorientation	tolerance can develop quickly, so can physical and psychological dependence; withdrawal includes anxiety, restlessness, delirium, even death

CANNABIS

Cannabis is the most widely used illegal drug in Canada, and it is the most commonly used illegal substance in the workplace. It comes from a plant. Marijuana is the dried leaf of the plant, hashish and hash oil come from the plant's resin. It is usually smoked in a cigarette (joint) or pipe. Hashish is stronger than marijuana, and hash oil is stronger still.

SHORT-TERM EFFECTS	LONG-TERM EFFECTS	TOLERANCE & DEPENDENCE
concentration and short-term memory impairment, feeling of calm, sensory perception seems enhanced, impaired motor skills, some may experience anxiety, depression, or panic	chronic, heavy use may produce decreased motivation, memory and concentration problems, respiratory problems	there is some evidence that tolerance develops in regular high-dose users. Psychological and physical dependence can occur in people who use heavily or regularly. Withdrawal symptoms include anxiety, irritability, sleeping problems, sweating, and loss of appetite

COCAINE (A STIMULANT)

Cocaine (C, coke, snow, nose candy) is an illegal drug that speeds up the central nervous system. It is sold as a fine, white power and is either snorted or injected. Crack is cocaine that has been chemically changed so it can be smoked and is sold in chunks, or "rocks." Freebase is another form of cocaine that can be smoked.

SHORT-TERM EFFECTS	LONG-TERM EFFECTS	TOLERANCE & DEPENDENCE
euphoria, rapid heart rate and breathing, sweating, agitation, dilated pupils, paranoid thinking, erratic or violent behaviour	weight loss, impotence, sleep disorders, heart problems, strokes, seizures, intense cravings	can produce a very powerful psychological dependence, physical dependence can develop, withdrawal symptoms can include fatigue, disturbed sleep, irritability, depression, and violence

OTHER STIMULANTS – AMPHETAMINES

Amphetamines (uppers, bennies, pep pills, speed, crystal meth, ice) are artificial stimulants. They come in tablet and capsule form and are taken orally. They can also come as off-white crystals, chunks, and powders, which may be sniffed or injected. Because they increase alertness and energy they are sometimes used illicitly by shift workers, truck drivers, students, etc.

SHORT-TERM EFFECTS	LONG-TERM EFFECTS	TOLERANCE & DEPENDENCE
a feeling of well-being, increased alertness and energy, increase in heart and breathing rate, shakiness, sweating, anxiety, headache, blurred vision, dizziness, irregular heart beat and chest pain; some may experience feelings of power and superiority or become hostile and aggressive	sleep problems, depression, mood swings, high blood pressure, anxiety, weight loss, stroke; some may become paranoid and violent; high doses can result in nerve damage, psychosis, paranoia, and hallucinations	chronic use can result in physical dependence; withdrawal symptoms can result in extreme tiredness, disturbed sleep, anxiety, hunger, depression, and suicidal thoughts; psychological dependence can occur even among regular low-dose users

HEROIN AND OTHER NARCOTICS

Narcotics are highly addictive painkillers that can also produce a euphoric sense of well-being. Some narcotics are also used to suppress coughs and control diarrhea. Some are available by prescription (codeine, morphine, Demerol®, Percodan®, Talwin®) while others are available as illegal substances sold on the street (heroin). These drugs may come in pill or powder form. They may be taken orally or by injection.

SHORT-TERM EFFECTS	LONG-TERM EFFECTS	TOLERANCE & DEPENDENCE
euphoria, reduced pain, nausea and vomiting	loss of appetite and malnutrition, chronic constipation, moodiness, anemia, cardiac disease, women can have irregular periods and men can become impotent	tolerance develops fairly rapidly; most are highly addictive; withdrawal symptoms can include severe anxiety, sweating, muscle spasms, chills, and tremors

ECSTASY AND OTHER HALLUCINOGENS

Also known as psychedelics, these drugs dramatically affect perception, emotions, and mental processes. They can distort the senses and cause hallucinations. There is no currently accepted medical use for any of these drugs. Drugs in this category include LSD (acid, blotter), PCP, MDA, MDMA (ecstasy), mescaline, and magic mushrooms. These drugs come in a variety of forms, including powder, drops on paper, tablets, capsules, or as a liquid.

SHORT-TERM EFFECTS	LONG-TERM EFFECTS	TOLERANCE & DEPENDENCE
altered perceptions, sensory distortion, distorted thinking, loss of short-term memory, extreme mood swings, increased heart rate, poor motor coordination	depression, anxiety, flashbacks, psychological problems	regular use may produce tolerance; not known to produce physical dependence

SOLVENTS/INHALANTS

Inhalants are found in many household and commercial cleaning fluids, glues, aerosols, paint thinners and removers. Inhalants also include gasoline and other fuels. When used to get high, most are poured into a bag and inhaled, or inhaled from a saturated cloth held over the nose. Aerosols are usually inhaled by first spraying them into a bag.

Although it is possible to abuse solvents and inhalants, it is not all that common. However, it is important to have clear safety precautions at work when handling these materials to avoid accidental exposure/intoxication.

SHORT-TERM EFFECTS	LONG-TERM EFFECTS	TOLERANCE & DEPENDENCE
euphoria, light-headedness, exhilaration, recklessness; breathing, heart rate and other body functions are slowed down; death can occur	fatigue, forgetfulness, inability to think clearly, poor coordination and difficulty walking, weight loss, depression, hostility, paranoia; kidney, liver and brain damage can occur	regular use may produce tolerance; physical and psychological dependence can develop; withdrawal symptoms include anxiety, depression, irritability, tremors, nausea, abdominal pains, headaches

PRESCRIPTION AND OVER-THE-COUNTER DRUGS

Over-the-counter drugs are medications you can buy without a prescription. Some of the most common drugs sold this way are pain relievers, cold and cough medications, and antihistamines. Short-term effects, long-term effects, and tolerance/dependence vary, depending on the drug. Many of these can impair functioning, and their interaction with alcohol can be dangerous and even fatal.

The unintentional misuse of prescription and over-the-counter medications is probably the biggest drug problem facing the Alberta workplace today. Workers don't want to miss work when they have a headache or a cold, so they take some medication and go to work. Often, their good intentions have disastrous results. The cough medicine they thought would help them work despite the cold may contain codeine and can severely impact their ability to work safely. The Tylenol® 3 they borrowed from their spouse to deal with the migraine headache could have severe impacts on their coordination.

The good news is this workplace drug problem is the most easily addressed. Employees are dedicated and committed and they want

"My wife buys all the medicines at our house. I had no idea that the stuff I was taking for the flu could affect my work performance."

to come to work. Most would never intentionally take drugs if they knew they would endanger themselves or their co-workers. Education is the best way to ensure that workers are not taking medications that will affect the safe performance of their work duties.

Employees must be taught the importance of checking with a physician or pharmacist before using any medication that has the potential to impact safe work performance. Employees must assume responsibility for advising their doctors about the work that they do. Sometimes it's as simple as the doctor prescribing an alternative medication or the pharmacist suggesting an over-the-counter medication that does not cause drowsiness, for example. If employees need to take medicines that may affect their functioning at work, they must take responsibility for safety by alerting their supervisors if they will require modified work duties or time off.

FREQUENTLY ASKED QUESTIONS

Can an alcoholic ever drink again?

Looking at the research and at the experience of many alcoholics, you will find that most people who are dependent on alcohol or other drugs do best when they are abstinent (when they don't drink or use at all). Most people find that once they have quit and have built a healthy and happy lifestyle, drinking or taking drugs becomes a non-issue. They don't want to use again because they have so many other things they want to do. However, it takes time to get to this point.

Is it normal to experience blackouts when I've been drinking?

Blackouts are periods of time a person can't remember after they have been drinking or taking drugs. Not everyone who drinks or takes drugs experiences blackouts, but if you do, consider this as a "red flag" that you might have a problem.

Is alcoholism hereditary?

There are many theories that try to explain why one person will become addicted to a substance and another person, even someone from the same family, does not. Research seems to support that there are physiological factors that predispose some people toward becoming addicted. However, genetics is only one of many factors that explain why people develop a dependency.

Recommended Resources

Straight Facts About Drugs and Drug Abuse. Ottawa: Health Canada, 2000.

- available on the Web (pdf format) at www.cds-sca.com
- available through AADAC

Quick Facts About Alcohol, Other Drugs and Gambling. Edmonton: AADAC, 1999.

FRC on Alcohol, Drugs and Gambling

- available on-line through AADAC's Web site at www.aadac.com

Drug Abuse: Symptoms of Dependency [video]. (Available from AIMS Multimedia: 1-800-367-2467 or www.aims-multimedia.com)

Web sites

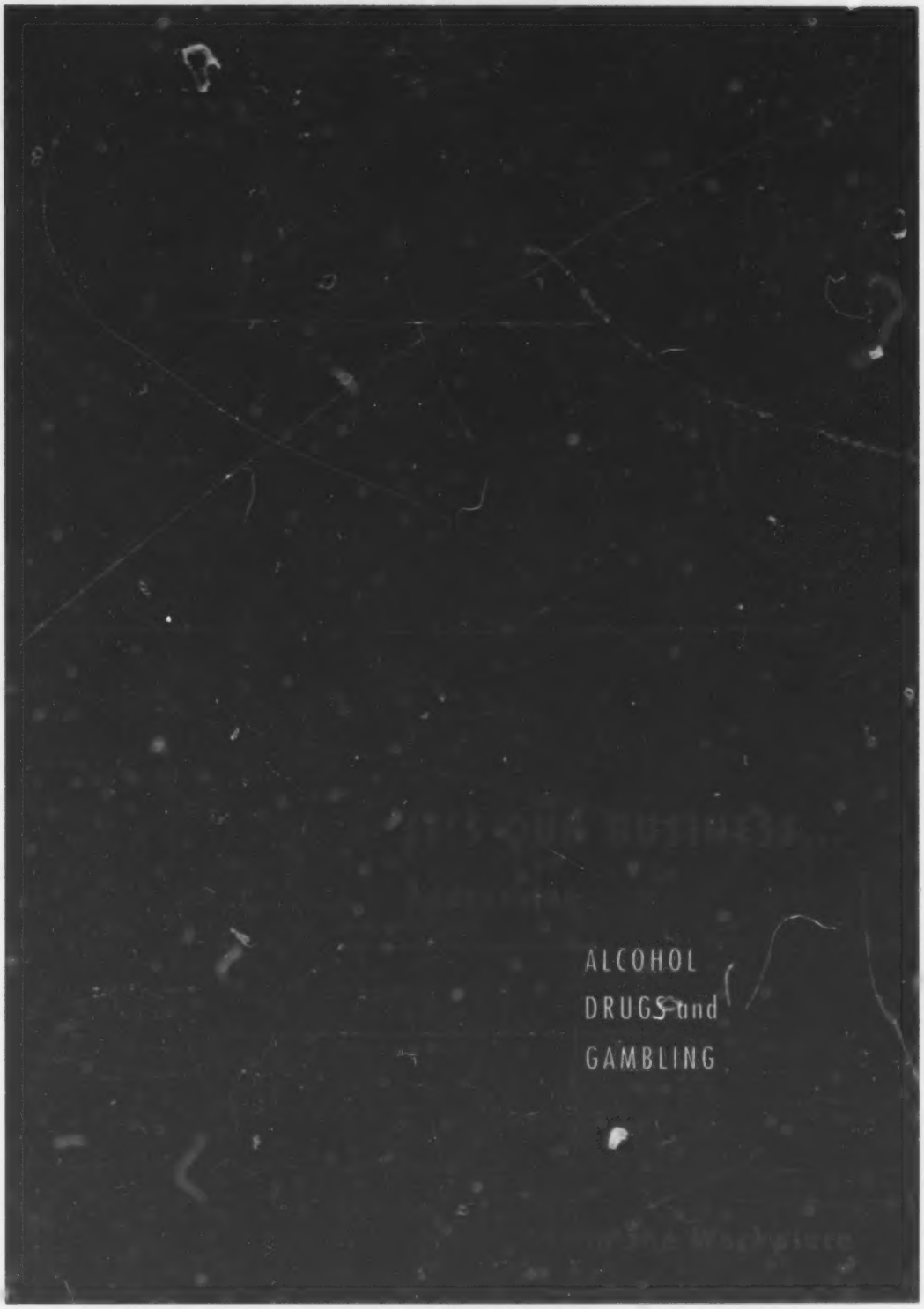
www.aadac.com
Has many online fact sheets about alcohol and other drugs.

www.samhsa.org
The Substance Abuse and Mental Health Services Administration's Web site contains extensive resources including a clearinghouse and publications.

HOW TO USE THIS INFORMATION IN YOUR WORKPLACE

- Invite an addictions professional to talk to your team and provide basic information on alcohol and other drugs, and answer any questions employees may have.
- Create a pamphlet rack and locate it in an area where employees can take information anonymously. Lunchrooms, locker rooms, or bathrooms are common locations.
- Invite a pharmacist to talk to your team about the effects of prescription and over-the-counter drugs on work performance.
- Ask your local addictions agency or your EFAP provider to lend, or recommend videos on the effects of alcohol and drugs and show these at team meetings.

MODULE FOUR PROBLEM GAMBLING



MODULE FOUR PROBLEM GAMBLING

Most people readily understand and agree that alcohol or drug use can affect job performance. But what about a person with a gambling problem? Can a person get "hooked" on gambling like they can on alcohol or drugs? What kind of problems can this create in terms of an employee's ability to do his or her job?

Gambling is a serious problem for some people, and the affects of these problems can be just as severe as those of an alcohol or drug problem. Someone with a gambling problem will likely experience serious problems at home, at work, and with finances.

READ ON TO LEARN MORE ABOUT:

- problem gambling
- how gambling problems develop
- effects of problem gambling on the family
- signs of problem gambling
- similarities between substance abuse and problem gambling
- how a gambling problem can affect the workplace
- signs of a gambling problem at work

KEY INFORMATION

Gambling is a popular form of recreation. Any time you bet money or something of value on an uncertain outcome, you are gambling. This includes raffles, lotteries, and betting on sport events, as well as using video lottery terminals (VLTs) and gambling in casinos.

Studies indicate that most of us (about 85%) gamble, and for most of us, it's for fun. We gamble in ways that don't cause any problems. However, about 5% of people who gamble will have problems related to their gambling.

Gambling is also big business – and it's getting bigger. For example, Albertans spend about $14 billion per year on legal gambling. About three-quarters of this money is spent on slot machines and VLTs.

" It never occurred to me that buying lottery tickets was gambling! I also didn't know that some people could get hooked on gambling."

What is problem gambling?

For many people, gambling is something they do occasionally, as a form of recreation. They buy a lottery ticket, bet a few dollars on a horse, or drop a couple of loonies into a machine. People who have their gambling under control realize that the more they gamble, the more money they are eventually going to lose – the games are designed that way.

For some people, however, gambling becomes a problem. A gambling problem may be as simple as gambling a little more than intended, or spending a little more money than planned. It might make it hard to pay the utility bills or make a car payment some months.

Slots and VLTs are the favourite types of gambling among problem gamblers.

For others, however, a gambling problem can be much more serious. It can mean a person is spending a lot more time or money than he or she can afford on gambling. There can be negative effects in other areas of their life – excessive debt, marriage problems, and even illegal activity.

Like alcohol and drugs, gambling provides a way for people to escape their problems for a while. While gambling, they can be totally drawn into the machine or game and block out everything else. It can be a way to numb feelings for a while, or "get away" from things. Some people experience a high similar to what others describe they get from alcohol or drugs. They end up with a lifestyle where risk-taking and thrill-seeking are the most important elements. As a gambling problem gets worse, the person increasingly focuses on gambling while ignoring the problems it is creating (just like someone with an alcohol or drug problem).

" When I was gambling, I didn't know who I was anymore. I stole from my children, 'borrowed' from the employee social fund, and maxed out our credit cards – things I would never have done before. And, I felt so guilty that I actually thought of killing myself."

Problem gamblers will often "chase their losses." That's when they try to win back what they've lost. However, no matter how much they win it's never enough. Some problem gamblers chase "the big win" and imagine this will solve all their problems. It doesn't happen, and the person continues to lose more and more money. With today's ready access to credit, a problem gambler can very quickly end up with unmanageable debt. They turn to family and friends for financial bailouts, and may even resort to criminal activity such as theft from work. The financial consequences for a problem gambler and his or her family can be disastrous. Financial crisis can lead to bankruptcy and some problem gamblers become suicidal.

How a gambling problem develops

Like problems with alcohol and drugs, problem gambling develops over time. How quickly a problem develops depends on the person. However, there are three stages that problem gamblers often progress through. Change or recovery can begin at any stage.

1. THE FUN/WINNING PHASE

In this initial stage, the financial rewards or the internal escape the person gets from gambling provides motivation for him or her to continue.

2. THE LOSING PHASE

During this stage, losses begin to pile up. The person will start to borrow money and use credit to get gambling money. Chasing losses begins and the gambling becomes more out of control. This phase often lasts for years. In spite of the incredible betting, borrowing, juggling, and repaying, the gambler somehow manages to stay afloat.

3. THE DESPERATION PHASE

At this final stage, the person is overwhelmed. He or she likely feels extreme emotional and even physical distress, and has severe family and financial problems. The person might turn to criminal activities to get money (with severe legal consequences). Ironically, the desperation phase often begins with somebody giving a financial bailout, in which a substantial amount of money is given to get the person out of debt and/or trouble. The gambler will often bet, and lose, the bailout money, which worsens the situation. This cycle can be repeated until the person hits a financial wall where they can no longer manage financially. Like someone

with an alcohol or drug problem, many problem gamblers need outside help to quit gambling and to resolve their problems. With help, this cycle can be interrupted at any time.

Effects of problem gambling on the family

Families are often hit hard when someone in the family has a gambling problem. The first losses a family may experience are time with the person they love, and money. As gamblers spend more and more time gambling, children often feel abandoned, and relationships between spouses deteriorate.

Gamblers are generally very good at hiding their gambling. A gambler can destroy the family's economic stability long before a spouse or partner even realizes there is a problem. Financial problems can result in lack of money for basic necessities, harassment by creditors, repossession of the family home, and bankruptcy. The distrust, fear, and hopelessness that result can destroy family relationships. Many families need outside help to deal with debt problems and to rebuild relationships.

Gambling is a popular form of recreation. However, for some, gambling can become a problem with devastating affects on both the individual and his or her family.

Signs of problem gambling

If somebody has a gambling problem, friends and family members will likely see some of these signs:

SPENDS A LOT OF TIME GAMBLING

This allows little time for family, friends, or other interests.

BEGINS TO PLACE LARGER, MORE FREQUENT BETS

Larger bets, and betting more regularly, become necessary to get the same level of excitement.

HAS GROWING DEBTS

The person with a gambling problem is secretive or defensive about money, and may borrow money from family members or friends.

PINS HOPES ON THE "BIG WIN"

The problem gambler believes the big win, rather than changing the gambling behaviour, will solve financial or other problems.

PROMISES TO CUT BACK ON GAMBLING

The problem gambler is unable to reduce or stop gambling.

REFUSES TO EXPLAIN BEHAVIOUR, OR LIES ABOUT IT

The person with a gambling problem may be away from home or work for long periods of time, or may make an unusually high number of personal telephone calls.

FEELS FREQUENT HIGHS AND LOWS

If unable to gamble, the problem gambler misses the thrill of the action and may be bad-tempered, withdrawn, depressed, or restless. During a winning streak, the gambler is on a high.

BOASTS ABOUT WINNING

The person with a gambling problem loves to relive a win but will make light of losses when others express their concern. Wins and losses may also be kept a secret.

MISSES SPECIAL FAMILY OCCASION TO GAMBLE

The problem gambler may arrive late or miss family events such as birthdays, school activities, and other family gatherings.

AT A GLANCE

SIGNS OF PROBLEM GAMBLING:

- spends large amounts of time gambling
- places larger, more frequent bets
- has growing debt
- pins hopes on the "big win"
- promises to cut back on gambling, without success
- makes excuses or lies about gambling
- experiences mood swings – highs and lows
- boasts about winning
- misses special or family occasions to gamble
- seeks new places to gamble
- gambles to escape

SEEKS NEW PLACES TO GAMBLE CLOSE TO HOME AND AWAY

The problem gambler may insist that evenings out, or even family vacations, are at places where gambling is available.

"SPACES OUT" WHILE GAMBLING

Achieving a dissociative state during gambling is characteristic of problem gamblers – the world becomes blocked out when gambling.

Similarities – substance use and gambling problems

The following are some similarities between gambling and substance use problems.

There are many similarities between a gambling problem and an alcohol or drug problem. The process of how the problem develops, and the problems it creates in the person's life, are parallel in many ways.

BOTH EXIST ON A CONTINUUM

The severity of a substance use problem, like problem gambling, can be considered on a continuum. At its most extreme, the person becomes dependent. However, at less severe stages, the person is using or gambling too much and having problems as a result.

BOTH ARE COMPLEX CONDITIONS

There is often a combination of physical, social, and psychological components involved in problem drinking or drug use, and problem gambling. Simply stopping the problem behaviour is not a cure. Resolving the associated problems is usually essential to recovery.

BOTH INVOLVE INCREASED TOLERANCE

The more a person drinks or uses drugs, the more the person must consume to get the desired effect. Similarly, as a gambling problem progresses, the gambler must bet increasingly larger amounts of money.

BOTH INVOLVE MENTAL PREOCCUPATION

People with substance use problems spend a lot of time thinking about drinking or using (e.g. when they can get their next drink, whether they have enough drugs for the weekend). Similarly, problem gamblers think a lot about gambling (e.g. the last win/loss, when they can gamble again, how much they will bet, what will happen when the "big win" arrives).

BOTH INVOLVE LOSS OF CONTROL

People with substance use problems often cannot stop drinking or using when they want to, despite their best intentions. Similarly, a person with

a gambling problem will have trouble sticking to a predetermined limit on how much they plan to spend on gambling.

BOTH CAN RESULT IN WITHDRAWAL SYMPTOMS

People with substance use problems may experience withdrawal symptoms (e.g. anxiety, sleeping difficulties, nausea, and confusion – it depends on the substance). Although not so extreme, problem gamblers can become restless and irritable when unable to gamble. Problem gamblers and those with alcohol or drug problems may go back to drinking/using/gambling to avoid and/or relieve withdrawal symptoms.

" Once I started gambling I couldn't stop. Sometimes I'd go to play the VLTs at lunch and by the time I finished, I had missed work and supper!"

BOTH CREATE PROBLEMS IN THE PERSON'S LIFE

Problem gamblers, and those with alcohol or drug problems, often neglect their social or work responsibilities. The result is family conflict, job problems, legal difficulties, etc.

BOTH ARE RECOGNIZED AS ILLNESSES BY THE MEDICAL PROFESSION

The medical and psychiatric community recognized alcoholism as a disease in the 1950s and pathological gambling in the 1980s. Although debate continues over whether these are truly illnesses or diseases, there is agreement that both are conditions requiring treatment.

How a gambling problem can affect the workplace

Likely some form of gambling is occasionally available at your workplace. It may be a hockey or football pool, somebody selling raffle tickets, or a group that gets together to buy lottery tickets. A person with a gambling problem may or may not be involved in these activities. However, the presence of gambling at a problem gambler's workplace can be a source of stress if the person is trying to quit gambling. Workplace policies should consider what message the company wants to send about gambling to its workers.

As a gambling problem becomes more severe, a problem gambler's work performance is likely to deteriorate. The worker might be away from work more often and spend work time gambling. They may be preoccupied with how and when they are going to gamble or how they are going to manage their growing debt load. In extreme cases, they may be involved in stealing money or goods from their company to finance their gambling, resulting in criminal charges. Here's an example of how a person's job performance can be affected as gambling gets out of control.

John has been a steady worker for several years. However, the past few months he just can't be counted on. He takes long lunches, disappears for hours at a time, and is calling in sick more often. He seems "wound too tight" – he snaps at his co-workers and doesn't seem to be concentrating on the job. Creditors have been calling and threatening to garnishee his wages. It turns out John has a gambling problem. His wife is threatening to leave him, he can't make his payments, and the bank has started foreclosure proceedings on his house.

The qualities often found in problem gamblers (e.g. hard working, energetic, persistent) can be channelled into a productive, healthy lifestyle. Recovering problem gamblers can be very successful when the gambling is behind them. However, they often need the same kinds of help to recover that someone with an alcohol or drug problem needs.

AT A GLANCE

WORKPLACE SIGNS OF PROBLEM GAMBLING:

- borrowing money frequently
- boasting about winnings
- complaining about debts more than usual
- experiencing drastic mood swings
- spending increasing amount of time gambling during lunch hours and after work
- making an unusually high number of personal telephone calls
- allowing work performance to deteriorate: being distracted, missing deadlines, having frequent or unexplained absences
- personality changes: being irritable, secretive, dishonest
- employer getting calls from creditors

FREQUENTLY ASKED QUESTIONS

What kind of help is available for somebody with a gambling problem?

The same treatment services are available to someone with a gambling problem as there are for someone with an alcohol or drug problem. A person with a gambling problem can go to a local addictions agency for assessment and counselling. Intensive treatment programs are also available. There are also 12-step, self-help programs for gamblers (Gamblers Anonymous) and for family members (Gam-Anon). Also, most provinces offer free debt management services. In Alberta, contact Credit Counselling Services of Alberta at 1-888-294-0076.

If I'm concerned that somebody at my workplace has a gambling problem, what should I do?

One of your primary responsibilities as a leader is to manage job performance, so address any performance problems that come to your attention. However, any time you are concerned about a co-worker, you have the option of intervening by trying to direct the person to the appropriate sources of help (for more information, see Module 6: Intervention.) While it's not your job to diagnosis a personal problem, there will likely be times when you know what the problem is, and you are in a great position to support and encourage the person to get the kinds of help they need. You could tell your co-worker about the Employee and Family Assistance Program, direct them toward an addiction counsellor, or provide the number for Gamblers Anonymous, for example.

Should we quit selling tickets and holding hockey pools at work?

This is a decision for each workplace to make. Often, workplaces that promote employee wellness will discourage activities that could create problems for some employees. But it may not be realistic to expect those who don't have gambling problems to refrain from buying raffle tickets or setting up a hockey pool, either. The solution might be to educate employees about problem gambling and to help them understand the importance of not pressuring an employee who says "no" to participate in gambling activities.

HOW TO USE THIS INFORMATION IN YOUR WORKPLACE

- Invite someone from your local addictions agency to talk about problem gambling and the services available to help someone with a problem.
- Invite a debt management expert (such as someone from Credit Counselling Services of Alberta) to talk about managing credit and options if debts are out of control.
- Contact Gamblers Anonymous and ask if a member would be willing to visit your workplace to talk about their own experiences with problem gambling. A good news story about recovery can be a powerful motivator for someone with a problem to get help.
- Provide pamphlets and brochures on problem gambling in your workplace. These can be made available in racks that allow employees to access them anonymously.
- View a video on problem gambling with your team. Because legalized gambling is fairly new in Alberta, many people don't know what a problem looks like or how they would know if their own gambling was problematic.

Recommended Resources

Gambling Problem: How To Tell, Addictions Awareness Series. AADAC. 2001.

ABCs of Problem Gambling. AADAC. 2001. (available on AADAC's Web site at www.aadac.com)

The Basics: Alcohol, Drugs, and Gambling. Workplace Information Series. AADAC. 1999.

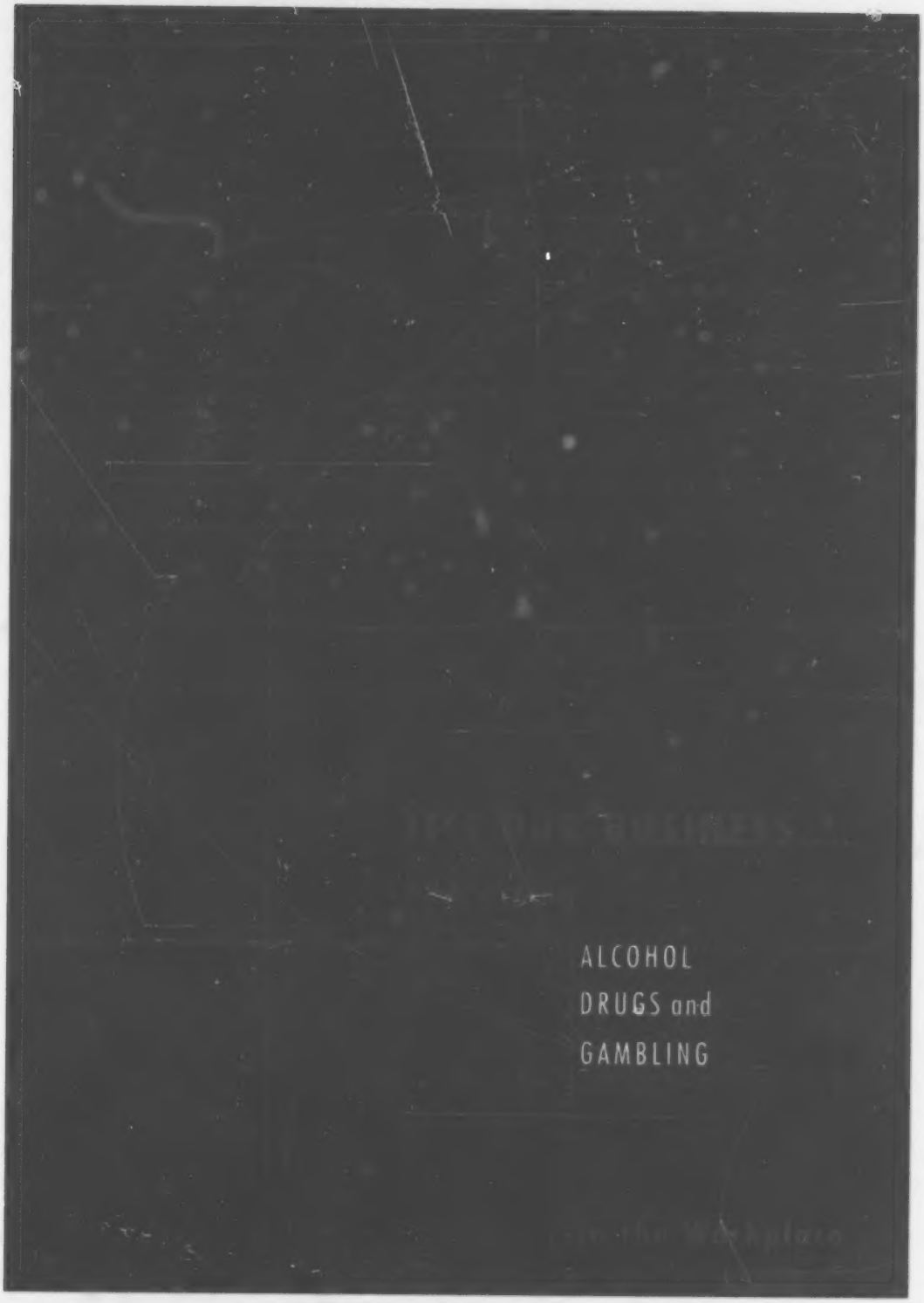
AADAC Gambling Prevalence Study. AADAC. 1998.

Hooked! A Gambler's Nightmare ... How Gambling Abuse Affects the Family (video). AADAC. 1996.

Are You Concerned About a Co-worker's Gambling? AADAC. 1994.

Drug Abuse: Symptoms of Dependency. [video] (Available from AIMS Multimedia. 1-800-367-2467 or www.aims-multimedia.com)

MODULE FIVE FAMILY AND RELATIONSHIPS



MODULE FIVE FAMILY AND RELATIONSHIPS

It's easy to see how an employee's alcohol or drug problem can affect work performance. It can be harder to understand how the workplace is affected when the problem is with the employee's family. Can what is going on at home affect how an employee does his or her job? Should the workplace play a role in assisting and treating the employee's family members?

Sometimes when an employee is experiencing a problem with alcohol or drugs, it takes a while before it shows up in the workplace. Often, family members are the first to see and feel the effects of an employee's substance abuse. As family members try harder and harder to help the person with the problem, they may even reach out to the workplace for help. Perhaps you've received a call from a concerned spouse asking if the employee is at work. Or maybe an employee's partner has called to ask about picking up the employee's pay cheque directly. Is there anything that you can do to work with family members in encouraging an employee with a problem to get help?

This module takes a look at the effect someone's alcohol or drug use has on others and its impact on the workplace.

READ ON TO LEARN MORE ABOUT:

- how a person's substance use affects families
- effects of a family member's alcohol or drug problem on the workplace
- how families and workplaces unintentionally enable the problem to continue
- what family members can do to get help for themselves
- how the workplace and families can work together to deal with alcohol and drug problems

KEY INFORMATION

When an employee has a problem with alcohol, drugs, or gambling, it often shows up at work. Quality or quantity of work may decrease, mood swings may increase, and the employee may be absent from work more often. Co-workers might complain about the employee "not pulling their weight."

When the alcohol or drug problem is in the employee's family, the effects may be a little harder to see. The employee might talk openly about a substance use problem at home, but it is more likely that they will keep it to themselves and attempt to "solve" it on their own.

The strain of dealing with someone else's alcohol or drug use can change an employee's behaviour and performance on the job. Because their attention may be focused on the addiction problem, they may:

- appear preoccupied at work
- seem depressed or tired
- call home often or receive a lot of personal calls at work
- miss work or ask for time off or vacation with very little notice
- miss deadlines
- show decreases in quality and/or quantity of work
- have strained relationships with co-workers because of mood swings
- cause co-workers to complain that the employee is "not pulling their weight"
- create a safety risk because of their preoccupation with the problem

If this list looks familiar, it is because these are the same signs that might indicate that an employee has an alcohol or drug problem. In fact, many different personal problems can cause these changes in behaviour.

It can be helpful to have an understanding of how a substance use problem at home can cause problems for an employee at work. The following two examples illustrate how an employee's job performance can be affected when one of his or her family members has a substance use problem:

> Mike's wife has a serious alcohol problem. He doesn't talk about it, but his co-workers can always tell when Mike's wife has been drinking again. Mike is cranky and agitated and just not himself. His mind is not on his work and he makes mistakes doing work

he has done for years. Because he works in a safety-sensitive position, his co-workers don't always feel safe working with him.

Cathy's teenage daughter has been experimenting with drugs. Sometimes she doesn't come home at nights, and because Cathy tries to wait up for her, she is often tired at work. Cathy doesn't know what to do about her daughter. This morning she called in to see if she could take the remaining two weeks of her vacation *starting immediately.*

How a person's substance use affects families

When one family member has a problem with alcohol or drugs, the whole family is usually affected. As the alcohol or drug problem continues, the family often tries harder and harder to adjust and cope with the problem.

Problems at home often mean problems at work.

Family members, including children, may make excuses for the person with the problem, even apologizing for their actions. They often take over the addicted person's responsibilities in an effort to keep the family going. The spouse may need to take on the sole responsibility of parenting or become the main breadwinner. Children may begin "caretaking" the person with the problem or they may become responsible for the care of their younger siblings.

Typically, there are three rules that family members learn to live by:

- Don't Talk – Many families try very hard to keep a substance use problem a secret. Not talking about the problem allows the family to pretend it isn't there, or to deny its impact on the family. By hiding the problem, the family may hope to avoid job loss, embarrassment, and other consequences of public exposure.
- Don't Trust – Families affected by addiction may have a hard time trusting. The more a person drinks or takes drugs, the less reliable he or she will become at home. There are often many broken promises as well as failed attempts at quitting.
- Don't Feel – Family members often learn to bottle up their feelings. Those around the person with the problem learn to not show their own anger, resentment, loneliness, and feelings of rejection. As a defense mechanism, people put up walls to protect themselves in an unpredictable environment.

Trouble talking about the problem and trusting others may prevent employees and family members from reaching out to workplace programs for assistance. This may be why a workplace may find it hard to get support from family members in dealing with the problem. However, the longer the problem exists for the family, the greater the damage will be to all involved. Having education and supports for workers and their families is essential.

What family members can do to get help for themselves

When family members live with someone who has a problem with alcohol or drugs, they may benefit greatly by getting some help for themselves. It's common for family members to react by saying: "I'm not the one with the problem. Why should I see a counsellor?" Even though the family member may not be the one who is actively drinking or using drugs, they are certainly affected by it. Even if the person with the problem does not agree to get help, the family can learn more effective ways of coping with the alcohol or drug use. And, they can learn to feel better themselves!

" When my spouse was drinking, I tried so hard to cover it up. His boss even told me about the EFAP at a Christmas party, but I denied that there was anything wrong. One day, I'd had enough. I called the EFAP and got help myself – it was the turning point for me."

When you talk with family members who are concerned about someone else's use, encourage them to reach out for assistance.

The following checklist can help you determine if you are being affected by someone else's alcohol or drug use:

Do you worry about how much someone drinks or uses drugs?	**YES**	**NO**
Do you have money problems because of someone's drinking or drug use?	**YES**	**NO**
Do you lie to cover up for someone's drinking or drug use?	**YES**	**NO**
Do you feel that if the person using alcohol or drugs cared for you enough they would stop drinking/using?	**YES**	**NO**
Do you threaten to leave the relationship in order to scare the person into quitting?	**YES**	**NO**
Have you been embarrassed or hurt by this person's behaviour?	**YES**	**NO**

If you answer "yes" to any of these questions, then someone else's substance use is affecting you. If it's a co-worker, address any job performance concerns and try to direct the person toward help. If it's in your personal life, you can seek information or help through your EFAP, the addictions

agency in your community, or from a self-help group like Al-Anon (for adults affected by someone else's drinking), Alateen (for teenagers), or Nar-Anon (for adults affected by someone else's drug use). Check your phone directory to find out what is available in your community.

Enabling

Over time, the behaviour of the person with the substance use problem changes. Family members, friends, and co-workers usually work hard to adapt to these changes. It's natural to want to keep things running smoothly. However, the end result of people adapting is not always for the best.

As the substance abuse continues, friends and family members often try harder and harder to adjust and cope with the problem. This creates more stress for all, and often serves to protect the person with the problem from experiencing the negative consequences of their behaviour. This is called enabling.

It's important for people around the person with the substance use problem to realize that protecting the person from the real consequences of their behaviour is not helpful – they are likely allowing the problem to continue or get worse. When the person with the problem has to face the consequences of their behaviour choices, it often becomes the motivation for change.

Here are some common examples of enabling behaviours:

- Glen is hung over and can't come in to work. His spouse, Tina, calls in sick for him, explaining that he has the flu. Tina is so tired of covering up for Glen. She feels guilty, angry, ashamed of lying, and a total sense of despair. The more Tina covers for Glen, the more he is protected, and so his use continues. Tina has entered into an escalating cycle where Glen's drinking gets worse, she covers up for him, and he drinks more and more.
- Jordan works with Joanne. They've been friends for a long time. Joanne has been using cocaine more and more often. After a weekend binge, Joanne has trouble concentrating and completing her work. Jordan tries to cover for her because he doesn't want her to get into trouble with the boss or, even worse, get fired.
- Stu is the team leader. Kelly has been working on his team for a long time. Lately Kelly has been coming to work smelling of alcohol.

Stu decides to "give Kelly a break" time and time again rather than deal with the declining job performance.

It is important for employees to be able to recognize when they are covering up for somebody, and to realize that this may not be helpful. Sure, everybody needs a hand now and then, but if there is a serious underlying problem, it's better that the person deal with it sooner than later. The longer a substance use problem continues, the worse it gets, and the more difficult it can be for the person to recover. During this time, the consequences to the individual, their family, and their work team can be devastating.

Enabling behaviour usually puts off dealing with something that will only get worse.

Effective ways for families and workplaces to work together

Every person who has an alcohol or drug problem will affect the lives of many others, including family members, co-workers, and friends. The good news is that, with help, employees and their families can deal successfully with substance abuse. Working together, individuals, families, and the workplace can encourage someone with an alcohol or drug problem to get help and support them in the process.

Some of the key strategies for dealing with substance use problems in the workplace are education and assistance if there is a problem.

Every person who has an alcohol or drug problem will affect the lives of many others.

EDUCATION

Education is one of the most important things a workplace can offer to help prevent problems related to substance use in the workplace. Employees need to know about addiction, how to recognize a problem, and what to do if a problem with alcohol or other drugs is developing. Early intervention increases the chances that an alcohol or drug problem can be dealt with effectively.

Here are some ideas for educating employees and their families about alcohol and drug problems:

- Organize information sessions on addiction for your employees. Invite family members to attend.
- Ensure that employees and their family members know the sources of help available. This should include resources within and outside the organization.
- Display posters, listing telephone numbers of sources of help, in prominent workplace locations.

- Make written information (e.g. pamphlets) available to employees. These should be easy to find and displayed where employees can pick them up without anyone else noticing. The coffee room, employee washrooms, or locker rooms are great places for pamphlet racks.
- Make sure family members also get written information. Information can be sent to homes in newsletters or mail outs.
- Inform all employees about the steps to take if they are concerned about their own, or someone else's, substance use.
- Teach employees about enabling behaviours – the actions they take that actually help the problem continue. These actions include covering up, making excuses, and ignoring the problem. Enabling can happen on the job as well as between family members.

Leaders and managers need additional training. It is important for them to know:

- how to recognize and assist employees who are experiencing personal and family problems
- how to manage performance to ensure that personal and family problems are not interfering with employee health, performance, safety, and morale
- how to conduct performance meetings so that troubled employees are encouraged to get help
- what workplace policies are in place to support troubled employees and their families
- what workplace programs and community services are available to assist employees and their family members
- how to refer employees and their families to the sources of help available

ASSISTANCE IF THERE IS A PROBLEM

There are many ways to help employees and their family members deal with personal problems.

An employee may be concerned about a family member's use of alcohol or drugs. Their spouse or child may be the cause of concern, or maybe it is a sibling or an aging parent. Sometimes it is the family who may be concerned about the employee's substance use.

A workplace can offer support and assistance in dealing with alcohol and drug problems to employees and their families in the following ways.

These strategies can also be used to support an employee or family member who has other personal problems, such as relationship problems, mental health problems, and stress.

- **Employee and Family Assistance Programs:** Many workplaces offer an Employee Assistance Program (EAP) to assist troubled employees. Employees are encouraged to contact the EAP on their own if they are experiencing personal problems and want confidential, professional help.

  Many employers are expanding their EAPs to include services to family members. These programs are called Employee and Family Assistance Programs (EFAPs). EFAPs may offer services directly to family members experiencing personal problems. If the employee has a problem, such as an addiction, the EFAP can support family members trying to deal with that problem.

- **Community Resources:** Many workplaces do not have a formal EAP or EFAP. Instead, they may have a manager or human resources staff member who serves as the link between employees with problems and sources of help in the community.

  The employee may be given a list of counselling services that are available to assist them, or their family members, in dealing with personal issues. Family members might be linked to community services directly or indirectly, through print information that is sent home. Some employers and unions will pay all or part of fees charged by the community resources.

- **Community Support Groups:** There is a variety of support groups that meet to deal with problems such as addiction, depression, grief and loss, etc. Some of these are run by community agencies or professionals while others follow a 12-step approach. There are also 12-step support groups for family members. Al-Anon and Nar-Anon groups are for adults affected by someone else's alcohol and drug use. Gam-Anon groups are for adults affected by someone else's substance use. Alateen is a group for teens affected by someone's alcohol use.

  These groups are listed in the telephone directory. Some workplaces host support group meetings on site to make it easy for employees to attend.

- **Peer Support Programs:** More and more workplaces are recognizing the benefits of peers helping peers, or one worker helping another. The basic principle of peer support is that co-workers provide a bridge between an employee with a problem and the sources of help available to assist them in dealing with the problem.

Some organizations make workplace peer support programs available to family members. Perhaps an employee will contact a peer support team member and ask them to talk to a 16-year-old teen who is experimenting with drugs. Perhaps the employee will ask the peer support team member to meet with a spouse to offer a listening ear about the challenges of dealing with an elderly parent who is abusing prescription drugs. Another new approach to peer support is to invite members of employees' families to join the peer support team. For more information, please refer to the module on Workplace Peer Support Programs.

" We value our people and we want to support them and their families. The money we spend assisting employees and their families is a sound investment – our employees care about the work that they do and we care about them."

When a workplace becomes involved in assisting employees and their family members, everybody wins. Employees are more productive at work, workplace safety is improved, families get help dealing with the problem and co-workers have a healthy employee back on the team.

AT A GLANCE

EFFECTIVE WAYS FOR FAMILIES AND WORKPLACES TO WORK TOGETHER:

- educate workers and their families about alcohol and drug problems
- host information sessions and invite family members to attend
- publicize sources of help available – posters, promotional materials
- provide written information in coffee rooms or washrooms
- send mailouts or newsletters to employees' homes
- teach employees how to access assistance
- teach all employees about enabling behaviours
- provide additional training for managers and supervisors
- offer assistance if there is a problem
- develop and publicize an EAP or an EFAP program
- identify someone to serve as a link between the workplace and community resources
- publicize support groups available in your community
- host support group meetings on site
- develop a peer support program
- make the program available to family members
- invite family members to serve as members of the peer support team

FREQUENTLY ASKED QUESTIONS

One of the guys on my team has a wife with a drinking problem. Should I be giving him time off when she's drinking and he needs to look after her?

This is a tough question. One way of deciding might be to ask yourself: "Is giving him the time off going to make the problem get worse or better?" Likely, if you continue to grant the time off, he will continue to look after his wife and she will continue to drink. It might be more helpful to talk with him about the services available through your EFAP or in your community. If he gets help for himself and begins to understand what is helpful and what is not, he may choose to make different decisions about how he responds to his wife's drinking.

How can I help someone on my team without sticking my nose in their business?

The easiest way is to focus on your concern for the other person. Base this concern on the changes you have noticed in them. Perhaps they no longer join the team for lunch, or maybe they appear withdrawn and preoccupied. Rather than saying, "Hey, I think your husband is an alcoholic and I think you should go to Al-Anon," you might try, "I'm concerned about you. You aren't joining us for lunch anymore and you don't seem to be your usual happy-go-lucky self. I don't know what's going on for you and I don't need to know. But I just want to remind you that if it's something going on in your personal life, we have a great EFAP that might be able to help."

Should I be giving a person a break when they've got a lot going on at home?

That depends. If their work performance has not been affected and they are asking for vacation time with very little notice, you might be able to accommodate their request. If, on the other hand, your employee's attendance is sporadic, the quality of their work has declined, and others on your team are complaining about them, you should definitely take different actions. In that case, you need to talk to the employee about the change in performance and encourage them to seek help if personal problems are contributing to the decline.

Recommended Resources

An Addiction in the Family: What It Means for the Workplace, Workplace Information Series, AADAC, 1999.

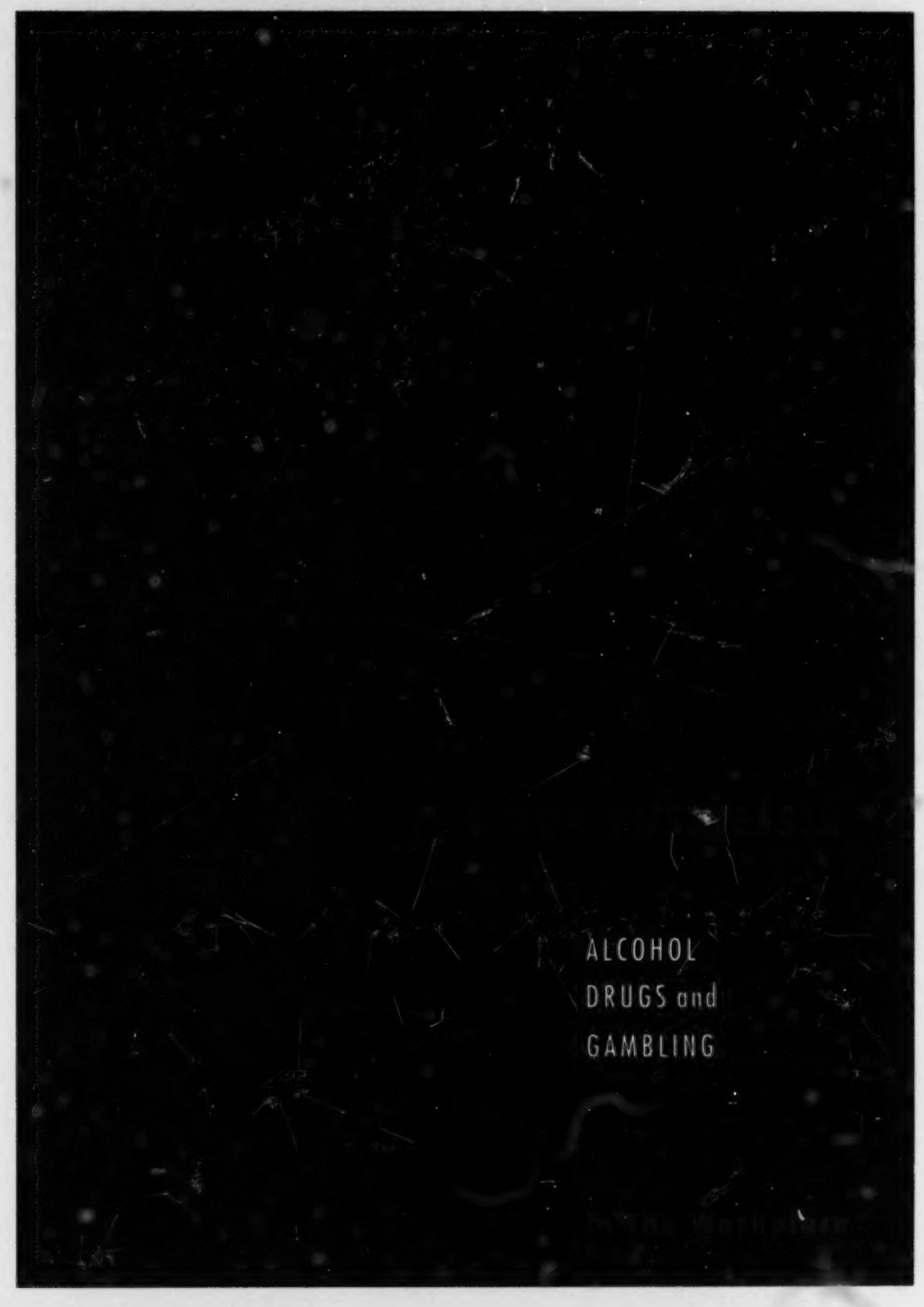
Help Others; Help Yourself: When Someone You Love is Addicted, Addictions Recovery Series, AADAC, 2000.

Parent Information Series, available on-line at www.aadac.com.

HOW TO USE THIS INFORMATION IN YOUR WORKPLACE

- Ensure that employees and their family members are aware of the sources of help available for personal problems. This can include resources available through your organization and in your community. Information can be sent to homes through newsletters or by mail.
- Ask your EFAP provider or local addictions agency to hold an information session on the effects of alcohol and drug abuse on families. Invite family members to attend.
- Invite a member of your local Al-Anon group to visit your workplace. He or she can talk about the program and how it helps family members.
- Involve family members on your peer support team.
- Consider having family members as EFAP representatives. They can be given extra training and be available to reach out to other family members.

MODULE SIX INTERVENTION



MODULE SIX INTERVENTION

Leaders are sometimes reluctant to intervene with troubled employees in the workplace. Perhaps you don't want to "stick your nose in someone else's business." Other times, you may want to take action, but are not sure how to proceed. If you experience these feelings, you are not alone. Most leaders are very good at the technical aspects of their jobs, but feel less skilled in trying to deal with an employee who has personal problems.

The good news is you don't have to deal with personal problems. Your job is to manage work performance. When a worker's performance is not up to standard, you must take action to assist the worker in rectifying the performance problem. When personal difficulties are contributing to poor performance, diagnosing underlying problems should be left to the professionals. Assessing personal problems, their causes, and the appropriate course of action that will lead to their solution is a job for your Employee and Family Assistance Program (EFAP) provider, a counsellor, or a medical professional. Your role is to be clear about the performance that is expected from employees and to work with them to achieve it.

When you work with people for a long time, you get to know them well. Often, you and other co-workers are the first to recognize changes in each other that may signal a personal problem. Sometimes you notice these changes long before work performance is affected in any way. In these situations, you might also choose to intervene by expressing your concern and pointing the employee in the direction of assistance.

READ ON TO LEARN MORE ABOUT:

- workplace indicators of personal problems
- why leaders should stay focused on job performance
- intervention with troubled employees
- five key skills for leaders
- enabling behaviours and how they help the problem to continue
- ways for troubled employees to get help

KEY INFORMATION

Workplace indicators of personal problems

When an employee is experiencing personal problems, their performance often changes. The key to recognizing these performance indicators is to focus on the *changes* you see in that individual employee. You may notice some of the following:

- **changes in productivity** – sometimes it goes down, but in some cases, troubled employees try to compensate for dips in productivity by working very hard at other times. What you might notice is a pattern of peaks and valleys as you observe productivity over time.
- **changes in attendance** – the employee may be missing work as a result of personal difficulties. They might arrive late, leave early, or take long breaks away from their work station. Look for patterns in the employee's attendance. Are they missing Mondays and Fridays? Are the absences before or after major holidays?
- **changes in quality of work** – the troubled employee may not be completing work on time, or the work may be of lesser quality. Is the worker missing deadlines? Are they completing tasks accurately and completely?
- **changes in ability to concentrate** – sometimes employees who are experiencing personal problems are very preoccupied. Their mind may not be on their work and they may appear distracted. For employees who are using alcohol or drugs, they might experience difficulty understanding instructions or remembering details.
- **changes in appearance** – it is a common mistake to assume that employees with personal problems will care less about their appearance or that they will be sloppy or unkempt. This might be true for some, but others will actually take extra care to "put their best face forward." They will try to keep their problem a secret by being extra careful to look their best.
- **changes in relationships with others** – employees who are experiencing problems may not be getting along well with others. Co-workers might be voicing concerns that they are "not pulling their weight," or that they are cranky and irritable. Sometimes the employee with the problem relies heavily on others for help and assistance in completing tasks that they used to be able to do well alone.

- **changes in safe work practices** – you might notice that an employee has a higher accident rate or that they are not performing work in accordance with safety regulations. You might also notice that they forget to wear their safety gear or to leave machinery in a safe condition. Perhaps they have a lot of peculiar "accidents," coming to work bandaged or bruised.

As you observe changes in the employee's behaviour, attitude, and activity, it's important to look for patterns or combinations of indicators rather than simply focusing on single incidents.

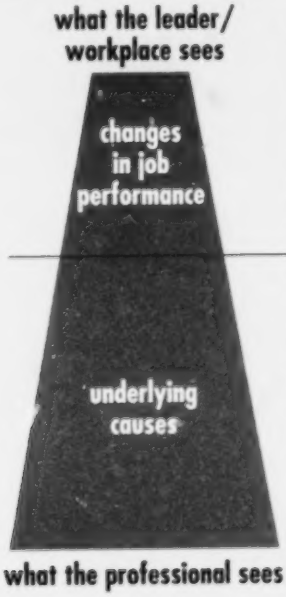
The importance of focusing on job performance

" It was such a relief to me to know that the best way to deal with employees who were having personal problems was to focus on job performance. I kept trying to learn everything I could about drugs and now I realize I don't have to be a drug expert, to be a good performance manager."

All of the above changes in performance can be caused by a variety of personal problems. That's why it is so important for you not to assume you know the underlying *cause* of the performance problem. An employee who is experiencing an alcohol/drug problem may exhibit all of the performance changes listed above. But so might an employee who was having marital or family problems. The same list could also signal an employee with a medical problem such as diabetes.

AT A GLANCE

THE TROUBLE EMPLOYEE – ICEBERG MODEL



CHANGES/DETERIORATION IN JOB PERFORMANCE

- productivity
- attendance
- quality of work
- ability to concentrate
- appearance
- relationships with others

UNDERLYING PERSONAL PROBLEMS

- alcohol, drug, gambling problems
- relationship difficulties
- family problems
- vocational problems
- legal problems
- financial problems
- medical problems
- psychological problems
- grief and loss issues
- other problems

The key for leaders is to stay focused on job performance and to leave diagnosis to the professionals. Your role is to take action based on the changes in the employee's performance and to be a bridge between the troubled employee and the sources of help available.

Intervening with troubled employees

There are 3 basic situations in which you, as a leader, would likely intervene:

an employee is not fit for work
an employee's performance has deteriorated over time
you are concerned about an employee even though their performance has not yet been affected

INTERVENTION WHEN AN EMPLOYEE IS NOT FIT FOR WORK

There are some instances in which you must take immediate action to ensure that a worker who is not fit for work does not remain on the job. If you have an alcohol and drug policy or a fitness for work policy, it will likely guide your actions in these situations. Some examples of situations that require immediate intervention are:

- You notice a worker drinking or using drugs at work.
- You think that an employee has been drinking or using drugs. You can rely on behavioural clues to guide your decision-making in this situation. For example, you smelled alcohol, the worker was slurring words, the worker was staggering or unsteady.
- A worker is experiencing, or just had, a seizure or other medical symptoms.
- A worker is very upset or emotional – for example, he or she has just received bad news.

In these instances, it is unlikely that the worker is fit to perform his or her duties safely. As a leader, you must decide on an immediate course of action:

- If you think the worker has been using drugs or alcohol, and they insist that they are okay to work, request an immediate fitness for work assessment from a medical professional. For more information, refer to the module on "Fitness for Work."
- If the worker does not participate in a fitness for work assessment, ensure that the worker is removed from the work site immediately. The worker should be escorted home. Perhaps someone from your work site will drive the person home or maybe a family member or friend will pick him or her up. Remember, if the worker is not fit for work, he or she is likely not fit to drive, either.

AT A GLANCE

INTERVENTION WHEN AN EMPLOYEE IS NOT FIT FOR WORK:

- decide on an immediate course of action
- obtain a witness, if possible
- call the worker aside
- tell the employee that he or she doesn't appear able to work and needs to leave the job site
- listen to a response, but don't attempt to reason or negotiate
- assure the worker you will talk when he or she returns to work
- if the employee insists he or she is able to work, request a fitness for work assessment
- if you think the worker has been using drugs or alcohol, make arrangements for him or her to get to the assessment, or get home, insuring he or she doesn't drive
- if you think the employee requires medical or psychological assistance, make arrangements to transport him or her to a medical professional
- document the date, time, and specifics of the incident
- meet with the employee upon his or her return. Advise him or her of the consequences at that time

The key for leaders is to stay focused on job performance and to leave diagnosis to the professionals. Your role is to take action based on the changes in the employee's performance and to be a bridge between the troubled employee and the sources of help available.

Intervening with troubled employees

There are 3 basic situations in which you, as a leader, would likely intervene:

an employee is not fit for work

an employee's performance has deteriorated over time

you are concerned about an employee even though their performance has not yet been affected

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AT A GLANCE

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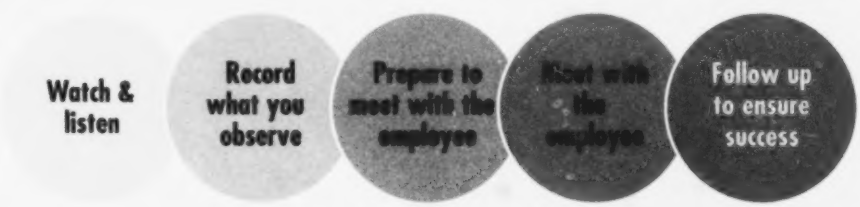
- if you think the worker requires medical or psychological assistance, make arrangements to transport the person to a medical professional or involve your occupational health nursing team. If the worker does not think he or she needs medical assistance, you may wish to request a fitness for work assessment.
- if the worker has just received bad news, suggest that he or she go home for the day. Most employees will oblige without argument. Have someone drive the worker home. It may also be helpful to remind the worker of the services available from the EFAP or in your community.

The following guidelines will help you to succeed in effectively removing a worker who is not fit for work from the work site:

- Obtain a witness, if possible. If you work in a unionized environment, it is likely that you will call a steward or other union member at this point. Rely on your own company policies to guide you.
- Call the worker aside. Tell the employee that he or she doesn't appear able to work and needs to leave the work site.
- Listen to a response, but don't attempt to reason or negotiate if you think the worker is unfit. Assure the worker you will talk when he or she returns to work.
- Document the date, time, and specifics of the incident. Sign it and ask the witness to sign it as well.
- Meet with the employee upon his or her return. Advise the employee of the consequences at that time.

INTERVENTION WHEN AN EMPLOYEE'S PERFORMANCE HAS DETERIORATED OVER TIME

Intervening effectively with employees whose performance has deteriorated over time is a learned skill. It is based on a planned approach to intervention that includes 5 key skills.


Watch & listen
Record what you observe
Prepare to meet with the employee
Meet with the employee
Follow up to ensure success

These skills will equip you to focus on job performance and will also help you avoid becoming personally involved in the employee's problems.

1. WATCH AND LISTEN

The first skill is basically observation. At the first sign of a change in an employee's usual behaviour, attitude, or activity, start to watch and listen. Sometimes you will notice these changes yourself, other times you will hear reports from co-workers or rumblings from the team.

Look for patterns or combinations of indicators, not single incidents.

AT A GLANCE

INTERVENTION
STEP ONE – *WATCH AND LISTEN* FOR CHANGES IN:

BEHAVIOUR

- attendance
- absences from the work area
- number of phone calls/visits
- incidence of illness, ailments, injuries, accidents
- safety violations
- policy violations
- ability to keep promises for improved performance

ATTITUDE

- mood swings
- conflicts with others
- morale problems on the team
- complaints from customers, co-workers, others
- rationalizing, making excuses

ACTIVITY

- pace of work
- concentration
- reliability
- ability to meet deadlines
- quality/quantity of work

Look for patterns or combinations of indicators rather than single incidents

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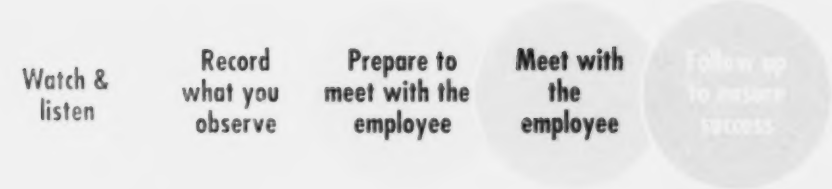
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- complaints from customers, co-workers, others
- rationalizing, making excuses

- pace of work
- concentration
- reliability
- ability to meet deadlines
- quality/quantity of work

Look for patterns or combinations of indicators rather than single incidents

2. RECORD WHAT YOU OBSERVE

It's important to write down what you see and hear. Good documentation will help you stay focused on job performance when you meet with the employee. It will also allow you to talk with the employee about changes in performance that you have noticed over time. When you rely on written points to guide your discussion with an employee, it demonstrates that you are serious and also helps you to avoid "counselling" the employee about problems.

In order to be effective, your written notes must reflect observable, verifiable facts rather than your own thoughts or opinions about the situation. Here are some examples:

POOR	BETTER
January 13 – Mitch was at it again! He was not getting along with the team (this is not specific enough – it does not describe the actual behaviours and would likely not be very useful in meeting with the employee)	January 13 – Mitch appeared agitated at the morning dispatch meeting. He was speaking loudly and became very angry when he was assigned to the clean-up crew. He swore at two other team members – Jill and Glenn – and told them "he wouldn't ride with them because neither of them should have a license anyway." (This is more specific and factual. When meeting with Mitch, if you described this situation, he would likely remember it and be less inclined to argue with the factual way you presented it.)
January 15 – safety infraction (this is not useful as it does not describe the situation)	January 15 – Mitch showed up on the job site without a hard hat or safety glasses. When I approached him about this, he told me to "mind my own business." I explained to Mitch that he would have to leave the job site if he refused to wear the gear. He told me I was "much too picky about stuff that was a waste of time," went to his truck, got the gear and put it on. (This is more useful as it describes the situation, the words exchanged and the actions taken.)

When writing down what you observe, it is important to be fair, objective, and consistent.

Written records of the employee's performance set the stage for corrective action. The employee must be very clear about the *specific* changes he or she will need to make in order to correct the unacceptable work performance. You will also require written documentation should you need to enter into a disciplinary process with an employee or terminate them for unacceptable work performance.

Your documentation should also include written notes of any actions you have taken to assist the employee. For example, record each time that you meet with the employee, remind the employee about the EFAP or other sources of help, provide training or coaching to assist the employee in meeting the performance standards, etc.

AT A GLANCE

INTERVENTION:
STEP TWO – *RECORD WHAT YOU OBSERVE*

What you record should be:

- factual
- objective
- verifiable
- complete
- accurate

Good documentation helps you:

- avoid counselling
- show the performance picture over time
- demonstrate that you are serious
- support corrective action
- records your efforts to assist the employee
- be objective, fair, and consistent

3. PREPARE TO MEET WITH THE EMPLOYEE

When you have observed a change in an employee's performance and documented what you have noticed, the next step is to prepare to meet with the employee. This preparation step allows you to make a plan for the meeting and to anticipate how the employee might respond.

Here are some ideas that may help you to be well prepared:

- **Review your documentation:** You will likely not need all of the items that you have recorded to highlight how the employee's performance has changed. Choose the entries that are most factual, verifiable, and objective. You may elect not to use entries that are less specific or that are based more on your own opinions.
- **Review past attendance records:** If you will be talking to the employee about his or her attendance, review past attendance records. Your payroll or human resources department will likely be able to tell you what the employee's attendance has been like over the past few months or years. When you examine old records, you may notice patterns to the absences.
- **Review the employee's past performance records:** Has the employee's performance been similarly affected in the past? If so, what actions were taken?

AT A GLANCE

INTERVENTION
STEP THREE – *PREPARE TO MEET WITH THE EMPLOYEE*

- review your documentation
- review employee's
  - attendance records
  - past performance records
- review relevant company policies and programs:
  - alcohol and drug policy
  - disability management policy
  - employee & family assistance program
  - peer support program
- consult with others if you are unsure how to proceed
  - your immediate supervisor
  - human resources team
  - EFAP coordinator
  - EFAP services provider
  - occupational or other health and wellness provider

- **Review relevant company policies and programs:** This will ensure that you are knowledgeable about those that might apply. Some examples are the alcohol and drug policy, the disability management policy, your EFAP, and your peer support program.
- **Get direction/support for yourself:** If you are not sure how to proceed, consult with those who are able to guide you. You can discuss the situation with your immediate supervisor, a member of the human resources team, your EFAP coordinator, or your EFAP service provider.

4. MEET WITH THE EMPLOYEE

It's very important to schedule a private meeting to discuss the employee's performance rather than talking with him or her in front of the team. If you work in a unionized environment, the employee may wish to have a union steward present. In some instances, you might also have elected to involve your supervisor or a human resources representative. Pick a time when you and the employee are most likely to be uninterrupted and when both of you are calm.

Here are some ideas that may help you to stay focused on performance and keep the meeting on track:

- **Discuss the employee's current performance:** Rely on the information you have observed and documented.
- **Get input from the employee:** Rather than telling the employee what you think should be changed, ask for his or her ideas about how performance can be improved. Discuss solutions rather than focusing strictly on the problem. The end result is that the employee must be very clear about the objectives and what he or she must do to rectify the performance problem.
- **Advise the employee of the corrective action that must be taken:** The goal is to highlight the changes that you see in the employee's behaviours, attitudes and activities and to focus on improved future performance.
- **Set timelines:** Ensure that you talk with the employee about the timelines in which improvement should occur. This is a very important step. Otherwise, you might be thinking that performance should be improved within a few days, the employee may think that he or she has a number of months.
- **Be clear about consequences:** Talk with the employee about the consequences if the job performance does not improve. These must be

clearly spelled out in advance so that both you and the employee are clear about what next steps will be taken. This allows the employee to make behaviour choices with a clear understanding of what the consequences of those choices will be.

- **Obtain a commitment from the employee:** One way of doing this is to record the action plan that has been developed during your meeting. It should clearly specify the actions that each of you has agreed to take, the timelines for completion and the consequences if success is not achieved. Set a date to review progress. Have the employee sign the action plan, sign it yourself and provide a copy to the employee.
- **Anticipate the employee admitting a problem:** If the employee tells you that he or she has an alcohol or drug problem, you will likely need to involve your manager, your EFAP coordinator, your occupational

AT A GLANCE

INTERVENTION
STEP FOUR – *MEET WITH THE EMPLOYEE*

- schedule a time to meet with the employee
- discuss the employee's current performance
- focus on the corrective action that must be taken to address the unacceptable work performance
- ask the employee for ideas about how performance can be improved:
  - discuss solutions
  - employee must be very clear about what he or she must do to rectify the performance problem
- specify the timelines in which performance must improve
- advise the employee of the consequences if job performance does not improve
- obtain a commitment from the employee
- if the employee discloses an alcohol or drug problem, you will likely need to involve others
- remind the employee that assistance is available if personal factors are contributing to the unacceptable work performance:
  - be a bridge to the EFAP or other sources of assistance
  - refrain from counselling the employee
- offer encouragement that performance can improve

health representative, or a human resources representative. This is especially true if the employee works in a safety sensitive position. You must practice *due diligence* – not knowingly allowing someone to work when they have the potential to harm themselves or others. If your company has an alcohol and drug policy, it will likely contain information to guide you in these situations.

- **Direct the employee to sources of help for personal problems:** Remind the employee that assistance is available if personal factors are contributing to the unacceptable work performance. You may wish to provide a brochure that outlines your EFAP services or a listing of community agencies that can help with a variety of personal concerns. If the employee discloses a personal problem, act as a bridge to the EFAP or other sources of help, but refrain from counselling the employee.
- **Offer encouragement that performance can improve:** The tone is one of working with the employee to support change, but the employee must be responsible for rectifying the performance problem.

5. FOLLOW UP TO ENSURE SUCCESS

Success breeds success – recognizing improvements in an employee's job performance is a good way to get more of it!

It is very important to follow through with scheduled performance reviews. These reviews will allow you and the employee to ensure that any agreed upon action plans are being carried out. If improvement is not occurring, you can plan additional actions and follow through with the consequences that you agreed to during your first meeting.

It's a good idea to schedule a follow-up meeting within two or three weeks of your first meeting. This allows the employee enough time to make some

AT A GLANCE

INTERVENTION
STEP FIVE – *FOLLOW UP TO ENSURE SUCCESS*

- follow through with scheduled performance reviews
  - schedule the first one within 2 or 3 weeks
- ensure action plans are being carried out
- meet regularly to:
  - provide encouragement
  - recognize improved performance
- follow through with consequences or disciplinary procedures if job performance does not improve

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  provide encouragement
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improvements but it is not so long that lack of changes will go unnoticed. It's also a good idea to schedule performance reviews regularly as the employee is working to bring his or her performance up to expected standards. These can be tapered off as success occurs.

Follow-up meetings are also such a great opportunity to recognize improved performance and provide encouragement to the employee. This is so very important. Employees often work very hard to rectify performance problems, especially if personal difficulties are involved. It can be very disheartening to an employee when nobody notices the changes in his or her performance.

INTERVENTION WHEN YOU ARE CONCERNED ABOUT AN EMPLOYEE EVEN THOUGH JOB PERFORMANCE HAS NOT YET BEEN AFFECTED

Sometimes you will be concerned about an employee on your team even though their work performance has not been affected. You may notice changes in an employee that could be an indication of a personal problem. Perhaps they are looking tired or have become withdrawn. You may notice changes in behaviour or attitude that cause you to worry. Other times, you may see your co-worker outside of work or in a social situation and become aware of a personal issue.

When you have these concerns, you certainly won't want to wait until there are job performance problems before you take action. As a leader, you can intervene in an informal way *as long as job performance has not yet been affected*. This is called a peer intervention – a simple expression of concern and an encouraging word to your co-worker about the availability of assistance. To learn more about making peer referrals, please refer to page 17 of this module.

Enabling in the workplace

Enabling refers to protecting someone from experiencing the consequences of their behaviour. For example, it is common for leaders and co-workers to accept excuses from employees who are not performing up to their usual standards. Sometimes, the team even makes excuses for someone else's behaviour. It is also common for team members to cover up for those who are experiencing problems. Some leaders will continuously give people "breaks" or choose to ignore or avoid the problem.

Enabling has been described as "good intentions with bad results."

AT A GLANCE

ENABLING BEHAVIOURS IN THE WORKPLACE

- We enable another person when we protect them from experiencing the consequences of their behaviour.
  - accepting excuses
  - making excuses for another's behaviour
  - covering up for those experiencing problems
  - giving people "breaks"
  - ignoring the problem
  - avoiding the problems
- Enabling is usually well intentioned.
- Reasons for enabling:
  - to avoid conflict
  - because we feel helpless
  - to avoid embarrassment or stigma
  - because we feel the problem is somehow a reflection of our own competence

Enabling is usually done with good intentions. Often, the enablers think they are helping the employee with the problem by cutting them a little slack or taking on some of their workload. But enabling almost always has negative results. For example, the longer you cover for an employee who has an alcohol or drug problem, the longer they will continue to drink or use without intervention. And, the problem usually ends up getting worse.

There are many reasons why you and others might enable. Sometimes it's to avoid conflict or because you are not sure how to intervene. It may also seem easier to do nothing than to deal with the embarrassment or stigma of having a poor performer on your team. The key to resolving personal problems most successfully is early intervention. The following list will help you to identify whether you are putting off intervening with someone on your team and enabling the problem to continue:

___If I wait long enough, the problems might fix themselves.

___I'm afraid my boss won't support me.

___I have too much work as it is!

___I don't want to hurt anyone's feelings.

___I am afraid the employee will quit.

___I don't want to get involved in anyone's personal life.

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___ I have too much work as it is!

___ I don't want to hurt anyone's feelings.

___ I am afraid the employee will quit.

___ I don't want to get involved in anyone's personal life.

___I don't have enough authority.

___I hate arguing with employees.

___My company doesn't have any policies in place.

___I am afraid of the employee.

___I don't know what to do about a substance use problem.

___It will reflect badly on our whole team.

___The problem is too big. If I take action now, my boss will be wondering why I didn't take action sooner.

If you don't feel confident in addressing performance problems, get help from your own supervisor. You might also benefit from some training in supervision or performance management, especially for dealing with troubled employees.

Ways for troubled employees to get help

When a workplace utilizes a comprehensive approach to assisting troubled employees, there are numerous ways for an employee to get help.

SELF REFERRAL

In the best-case scenario, an employee who recognizes a personal problem will choose to get help on his or her own. He or she might access the EFAP or a community resource directly. You and the company will be completely unaware of the employee's participation or the outcome.

AT A GLANCE

WAYS FOR AN EMPLOYEE TO GET HELP

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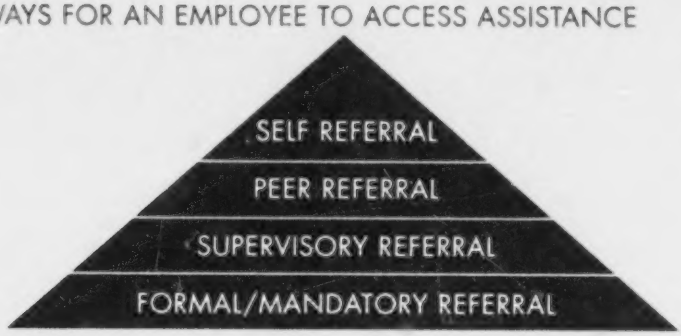
WAYS FOR AN EMPLOYEE TO ACCESS ASSISTANCE



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An employee might also choose to approach you, one of their co-workers, or a workplace resource to ask for assistance in obtaining help. For example, the employee might turn to an EFAP representative or a member of a workplace peer support team if he or she was not sure where to go for help. In a smaller company, he or she would likely ask a co-worker or even the boss. In this instance, the employee would be referred to the appropriate resource. Although you or other co-workers might ask how things are going in an informal manner, no formal workplace follow-up will be required *unless the employee's performance has also declined.*

In order for your workplace to encourage self-referrals, it is important to publicize the sources of help available. You can play an important role by ensuring that your team is aware of all of the services your company, or your community, offers.

Peers should refrain from counselling one another or attempting to diagnose problems being experienced by their fellow employees.

PEER REFERRAL

When you work with others, you often get to know them well. Often, you and other co-workers will notice changes in each other that might be indicators of a personal problem. Often, these changes are noticed long before an employee's performance is affected. Because you care, you might choose to intervene by expressing your concern and pointing your co-worker in the direction of assistance.

For example, you might choose to talk with a co-worker, another leader or manager, or an employee on another team simply because you've worked together for a long time and you're concerned about the changes that you've noticed. Other times, you might choose to intervene because of your involvement with the peer support team, the safety committee, the medical team, or the union.

In all cases, the approach would be the same. You will encourage your co-worker to use the services of the EFAP or seek assistance in the community, but the choice to participate would be left up to him or her.

Here are some tips to consider when making peer referrals:

- Tell your co-worker that you are concerned about him or her.
- Link your concern to the changes that you have noticed.
- Be clear that your intent is not to pry, but simply to let your colleague know that you care.
- Refrain from offering advice or attempting to counsel your co-worker.

- Remind your co-worker about the EFAP or other sources of assistance available. You might even want to provide a telephone number or brochure, if you have one.
- Encourage your co-worker to call, but leave it up to him or her to decide.

As a leader, you can also make peer referrals with employees on your own team, *but only if work performance has not yet been affected.* When performance starts to suffer, your role will be to intervene as a supervisor rather than as a concerned peer.

Your co-worker's reaction to your remarks could range from gratitude to denial to open hostility. The outcome is difficult to predict. Your expression of concern might result in that co-worker deciding to seek help, or it might be one of several messages that eventually motivate your colleague to get help. Or, it may have no noticeable effect at all. Whatever your co-worker chooses to do, you have provided him or her with essential information and support.

SUPERVISORY REFERRAL

There are many options for supervisory referrals – those made by the leader. If your company has an alcohol and drug policy, it may outline these options and clarify at what point the referral becomes "formal" or mandatory.

In the most common situation, you, as leader, will:

- recognize a change in performance and meet with your employee to present your documented observations
- be clear with the employee about performance expectations
- encourage the employee to seek assistance if personal problems are contributing to the performance problems
- provide information about the sources of help available, but leave it up to the employee to decide about participation
- set a date for performance review

The employee will:

- be responsible for resolving the performance problems
- be clear about what is expected to change

Sometimes, the employee's performance will continue to decline and you will have to meet with him or her again. This might even happen more

than once. Between these meetings, it is likely that you will begin to see more and more indicators of a problem as you continue to document changes in performance. Sometimes, the nature of the problem will become obvious, other times the employee might actually disclose the problem. In these instances you might ask the employee to participate in a fitness for work assessment. Your purpose for requesting the assessment is twofold:

- to ensure that the employee is fit to perform his or her duties safely
- to assist employees who are not fit for work to get help to resolve their problems

You might also refer the employee for a professional assessment by the EFAP or a community service provider if the employee discloses an alcohol or drug problem, for example. This option might even be set by policy. Smaller companies may not have an EFAP but they, too, can request assessment through a community agency that provides addictions services.

When an employee participates in any kind of professional assessment, it is likely that you, your EFAP provider or your Human Resources department, will request that the employee sign a release of information at the assessing agency. This will be necessary so that they may provide you or your company with a letter of assessment findings and recommendations. Service providers and community agencies cannot disclose the outcome of their meetings with your employee without a signed release of information.

FORMAL OR "MANDATORY" REFERRAL

Formal referrals usually occur when an employee has violated a policy or when an employee has repeat performance problems despite earlier interventions and assistance. For example:

- an employee has tested positive following an alcohol/drug test
- an employee has been caught using alcohol or drugs at work
- an employee with an alcohol or drug problem attended counselling or treatment with the company's assistance and the employee's performance is declining again

Formal referrals are much more prescriptive in nature and the employee's choices become fewer and fewer based on their policy violation or continued performance problems. Often times, formal referrals represent the company's last attempt to offer assistance to an employee before firing

them. When employees are formally referred for assistance, it is likely that they will be required to:

- participate in a mandatory professional assessment to determine the severity of their problem
- sign a release of information
- attend treatment, counselling, or follow other recommendations made by the cousellor or physician
- develop a plan for follow-up and aftercare
- participate in regular performance reviews with their leader to monitor progress

The employee might also be required to:

- accept consequences for their actions as outlined by policy
- enter into a "return to work agreement" with their employer, spelling out the consequences of any further performance problems (See Module 7, Getting Help, for more information on Return to Work Agreements.)
- verify their participation in follow-up and aftercare counselling
- participate in random, unannounced alcohol/drug testing for a specified length of time (many companies specify two years)

Dealing with confidentiality

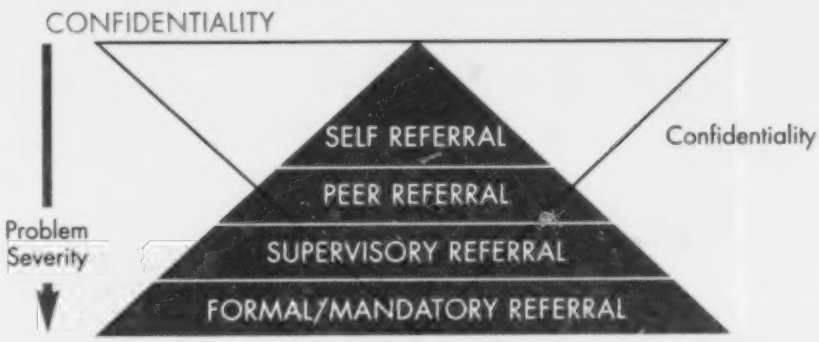
Companies and leaders need to emphasize confidentiality when dealing with troubled employees. Confidentiality is the cornerstone of encouraging employees with personal problems to get help. Without it, troubled employees and their co-workers will be reluctant to come forward, and problems will go unchecked, continuing to get worse.

It is important to understand confidentiality and your responsibilities as a leader. Here are some ideas to consider:

1. The goal is to exercise the highest degree of confidentiality possible in any given situation. But you must balance the employee's right to privacy with the need to practice due diligence and ensure safety.
2. It is important to keep your supervisory involvement with employees as confidential as possible. In some situations, you might have to alert your manager or someone else in the organization. For example, if the employee is not fit for work or if a policy has been violated.

3. As an employee's performance deteriorates, you may need to involve others as you attempt to assist him or her – a manager, a physician, an EFAP provider, etc. In these instances, each party should be given only the information they actually require. Everyone must take personal responsibility for safeguarding the employee's confidentiality – this includes refraining from gossiping or discussing the employee's situation with others who don't need to know.
4. Confidentiality and the degree of choice that an employee has over accepting help are often proportional to the severity of the problem. For example, when an employee self refers to the EFAP or a community service, the degree of confidentiality is very high. Often, nobody in the company is ever aware that the employee has requested help. The degree of choice is also very high. The employee can pick and choose what course of action they wish to follow because their work performance has not yet been affected.
5. In situations where work performance has been affected, you and your company will likely become more and more prescriptive in your efforts to offer assistance and manage safe and reliable performance. As these interventions progress, the employee's choices often narrow accordingly. For example, in the case of a formal referral, the employee may be required to undergo an assessment, attend treatment, and participate in post-treatment drug testing.
6. Sometimes the team has witnessed the employee's behaviours directly and the employee's problem may be obvious. When an employee's actions clearly demonstrate a problem behaviour, they affect their own

AT A GLANCE



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AT A GLANCE

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privacy. You can still exercise confidentiality by not discussing your interventions with others on the team.

7. It's very important not to break an employee's confidentiality even when you think you will be doing him or her a "favour." For example, you should not talk with the team when an employee is away from the work site receiving treatment for an alcohol, drug, or gambling problem. Some leaders think that if they tell the team in a "confidential" way, the team will "help" the returning worker. These good intentions usually have bad results. In the first instance, the leader has broken the employee's confidentiality. In the second instance, the team may feel obliged to enable the returning employee by making allowances for sub-standard performance.

FREQUENTLY ASKED QUESTIONS

Should the employees on my team be intervening when they notice changes in each other?

Absolutely. But your team will likely need some training in how to intervene most effectively when they notice changes in their co-workers. In addition to training events in your workplace, you might also wish to show "intervention" videotapes at a team meeting. Refer to the recommended resources at the end of this module for some titles that may be of interest.

Should the employees on my team be telling me when they notice changes in a co-worker?

That depends. If colleagues notice changes in someone they have worked with for a long time, and performance has not been affected, they may choose to make a peer referral without your knowledge. Employees will likely be more inclined to talk with you if they are concerned about a teammate whose performance is suffering. It's important that you stress the importance of all team members alerting you when they are concerned that someone on the team is not fit for work. It is only when everyone on a team shares the responsibility for safety and wellness that these various approaches to intervention will work most effectively.

What if my company doesn't have any formal policies? Do all these guidelines still apply?

Even when a company doesn't have clear policies, it's important for leaders to focus on safe and effective work performance for all employees. When you notice changes in performance, you can still intervene effectively. The difference is that you will likely need to consult with others in your company for guidance about how to best handle the situation rather than referring to a policy for direction. With or without policies, it's important for leaders to rely on the assistance of others when they are in doubt as to the best way to handle a particular situation. In both cases, the leader can consult with his or her manager, a member of the human resources team, or an internal or community-based service provider.

HOW TO USE THIS INFORMATION IN YOUR WORKPLACE

- Ensure that you participate in the training events offered by your workplace. Even if you don't have any performance problems on your existing team, you never know when an employee might experience personal difficulties that will affect their work.
- Watch videos that showcase successful methods of intervening with employees. Ask your EFAP provider or local addictions agency to recommend/loan resources.
- Ensure that your knowledge of workplace policies is up to date. If you have questions about any of the guidelines contained in the policy, seek further information.
- Invite your EFAP services provider to meet with you and other team leaders to talk about the services that are provided. Your services provider can tell you about the types of assistance that can be offered to leaders who are concerned about their employees.
- Provide training on enabling behaviours and peer intervention to the employees on your team. Check with your local addictions agency or your EFAP provider to see if they provide this training.
- Ask your workplace to organize a training session for leaders on "confidentiality." A company representative can outline how to deal with personnel records; your EFAP representative can give some guidelines for how to handle confidential situations.

Recommended Resources

I Have This Friend. (1990). [Video]. (Available from Kinetic Video at www.kineticvideo.com)

Getting Off the Hook and *Getting Back on Track.* [Video]. Hazelden. (Available through Hazelden Bookstore at www.hazelden.org)

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MODULE SEVEN GETTING HELP: TREATMENT AND WORKPLACE RE-ENTRY

MODULE SEVEN GETTING HELP: TREATMENT AND WORKPLACE RE-ENTRY

When somebody from the workplace is away from work getting treatment for an addiction problem, you and other co-workers may have lots of questions. What is "treatment" all about? Will the person be different when he or she returns? How will you deal with this employee when he or she comes back to work? How can you provide support? If job performance has been an issue before, can you now trust this person to do the job? What if the employee relapses?

Some people expect that once a person finishes a treatment program he or she will be "cured." Wrong! Recovery from an addiction is an ongoing process that continues long after counselling or a treatment program is complete. If you have an understanding of what happens when an employee goes for treatment, you will be better able to provide support when your co-worker returns. There are many ways a workplace can support an employee during this time, and ensure greater success.

READ ON TO LEARN MORE ABOUT:

- the continuum of treatment services
- how people change
- issues in recovery
- why people relapse
- how to manage an employee's smooth transition back to work after treatment
- how to support an employee in recovery

KEY INFORMATION

The continuum of treatment services

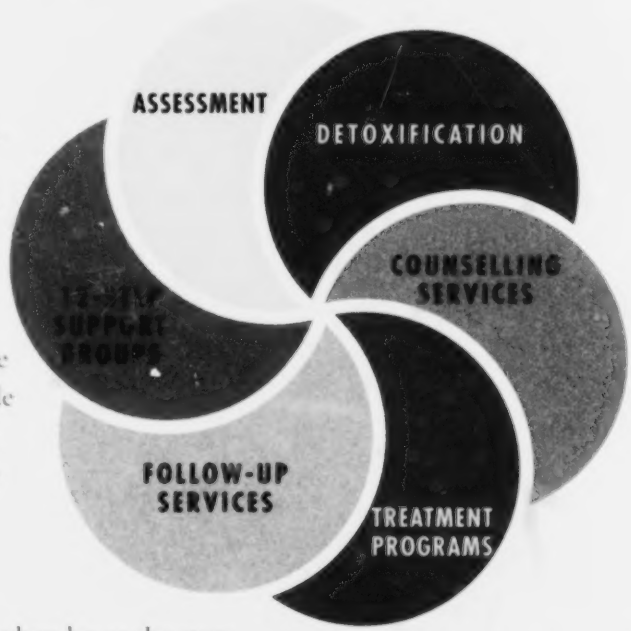
KEY INFORMATION

The continuum of treatment services

Many people wanting to quit alcohol, other drugs, or gambling need help. This help may involve going to a detox centre, talking with a counsellor, or attending an addictions treatment program. There are many different options for people seeking help, including:

ASSESSMENT

The first step for many people is an assessment. Counsellors have people reflect on how their use is affecting their lives, help them determine how serious the problem is, help them decide what changes they want to make, and direct them to the services available to help them make those changes. Some workplace Employee and Family Assistance Programs (EFAPs) provide assessment services. Addictions professionals are also available in most communities to complete assessments.



DETOXIFICATION (DETOX)

Withdrawal is a process a person goes through when he or she stops taking a substance that the body has become physically dependent on. A detox is a place where people can go to safely withdraw from alcohol or other drugs. Withdrawal symptoms vary with the type of drug(s) a person has been using, how long he or she has been using, what combinations he or she has been taking, health, and age. Withdrawal can be life threatening. In communities where no detox is available, people needing support through the detox process can go to the local hospital.

COUNSELLING SERVICES

Most communities have services that offer counselling to people with substance use or gambling problems. People can attend information sessions, talk to a counsellor individually, or join a counselling group. Those concerned about someone else's substance use or gambling can also get help. Counselling for teens, and for children from homes where substance use/gambling is a problem, is also available.

TREATMENT PROGRAMS

Treatment programs are intensive, meaning people attend them every day for several weeks. Most programs are residential. These programs are not available in all communities so often a person must go elsewhere to attend. Treatment programs usually provide group and individual counselling, a range of workshops designed to help people learn new skills to overcome problems, participation in leisure activities, and support group meetings.

There are specialized treatment programs that are designed specifically for workplace referrals. There are also gender-specific programs (programs designed for just men or just women), programs for youth, and programs designed for those with specific addictions such as cocaine or gambling. Programs are also available to family members of those with alcohol, drug, or gambling problems, where they can get help even if the person with the problem is not ready to make changes.

Treatment can be a powerful experience and people learn much about themselves. They leave the program with a recovery plan to help them stay clean and sober. The plan will include actions they can take once they leave treatment. These may include attending 12-step meetings, seeing a counsellor, or going to a follow-up program at a later date. People are not "cured" when they leave treatment – it is only the start of the healing process. Recovery starts when they leave the program and begin to manage their lives without relying on substance use/gambling to cope.

FOLLOW-UP SERVICES

These are services to provide support to people after they have completed treatment. They help people build on the skills they learned in treatment, and provide support for issues and concerns they face once they are home and back to work. The person may see a counsellor one-to-one for awhile, attend a group, or return to the treatment program for a formal follow-up program.

12-STEP SUPPORT GROUPS

These groups are independent, worldwide fellowships of people who come together to help each other deal with a common problem. They offer ongoing support as well as a 12-step program to help people in the months, even years, after they decide to quit using. Examples of 12-step programs include Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Gamblers Anonymous (GA). There are also 12-step groups for those concerned about someone else's use (e.g. Al-Anon and Gam-Anon).

How people change

Think of a time when you tried to make a change in your life, such as quitting smoking, losing weight, or establishing an exercise routine. Was it easy? Did it happen all at once? Likely not – changing behaviour is something that takes time and there are usually many ups and downs before there is ultimate success.

It has been said by those in recovery that quitting alcohol, drugs, or gambling is actually the easiest part – it's staying quit that's the hard part! People in recovery must face many life problems – dealing with problems at work, rebuilding relationships, and addressing financial difficulties. And, they must handle all of this without the one thing they've learned to rely on to cope or escape – getting high or gambling. It is very easy to slip back into old patterns of coping when under stress.

Change is a process, it is not an event!

Those who are most successful in changing an addictive behaviour usually use a variety of resources to help them make the initial change. They also build a strong support network of family, friends, work colleagues, and professionals whom they turn to when the going gets rough. This support network is also a valuable resource in helping the recovering person recognize success.

Issues in recovery

Treatment can be considered a "kick-start" to recovery. Recovery is the ongoing process of maintaining change – that is, staying clean and sober. Some of the many challenges people in recovery face include:

- **Dealing with cravings:** People in early recovery might experience intense cravings and urges to return to using. Cravings can occur at work, and if there are alcohol or drugs available on-site, it can be a high-risk situation for relapse.
- **Dealing with feelings:** When people first quit using substances, they may feel like they're riding an emotional roller coaster. One minute they feel ready to take on the world. The next, they are exhausted and overwhelmed by everything going on in their lives. This roller coaster can be scary, especially if substances helped the person to numb his or her feelings in the past. The extreme feelings do subside over time, but may arise when a person least expects them.

  When returning to work after treatment, recovering workers have to deal with their own feelings and those of their co-workers. There could

be resentment or anger toward them for their past behaviour. The recovering person will often feel shame or embarrassment over past behaviours. These feelings can be very uncomfortable to deal with.

- **Finding a balanced lifestyle:** Once in recovery, people must rebuild relationships with family and friends; find ways to have fun without using; address any employment, financial or legal problems; and deal with anything else that needs attending to. They must learn to handle problems as they come up so that they don't pile up and become unmanageable.

  One of the ways people try to cope in early recovery is to overwork. Overwork can lead to more stress and to relapse. A supervisor can monitor this and help the employee set appropriate work hours.

- **Dealing with health issues:** A person's physical health may have been damaged by his or her involvement with substances, especially if the addiction has been part of his or her life for a long time. A recovering person's health issues can create difficulties at work. Health problems may mean more time off work or a reassignment of duties for a period of time.

- **Dealing with perceptions, attitudes and behaviours of others:** People in early recovery are often worried about how they will be treated by others. Some people may expect them to behave very differently, even though they are still the same person. Others may expect them to remain the same and not make any changes. The recovering employee must also decide what and how much to tell co-workers about his or her addiction and recovery, which is difficult.

  The initial weeks and months of recovery can be very stressful for both the individual and the people around them. It takes time to rebuild relationships. For example, a co-worker, who had taken over some of the work of a colleague when he or she was using, may not feel ready to return that responsibility when the recovering person comes back from treatment. Supervisors may need time before feeling that they can trust the person to do his or her job in a safe and satisfactory way.

Why do people relapse?

It's no wonder people often feel overwhelmed in early recovery! They have to deal with many issues without using the substance they depended on to help them cope. If feeling overwhelmed, an employee may be at risk to relapse.

A relapse is when a person goes back to drinking, using drugs, or gambling after he or she has quit. Most relapses occur within the first 90 days of a person's recovery. People are most vulnerable during this time. They are trying to rebuild their lives without relying on substances or gambling to cope. The longer they stay clean and sober, and the more successes they have, the better they are able to handle things without resorting back to their old ways of coping. Some people are able to maintain sobriety without ever experiencing a relapse. Others will relapse several times before they are able to make all the changes required to stay away from substances or gambling. Relapses should not be an "expected" part of recovery. If they do happen, it is important to learn what factors contributed to the relapse so that the recovering person can make plans to prevent repeating the same mistakes.

Relapse does not mean failure! It means the person does not yet have all the insights and skills necessary to stay clean and sober.

Here are some of the reasons why a person may relapse:

- the person may not be able to work out stresses and problems, and when these build up or a crisis happens, she goes back to using or gambling as a way of trying to cope
- the person may have stopped working on his recovery plan or let it slide, and find himself returning to old behaviour
- the person may feel she has the problem under control and wants to test her ability to use or gamble again
- learning how to have fun and how to fit in with others when clean and sober is challenging, and there may be social pressures at work or at home to use

When people relapse, they are often overwhelmed with feelings of guilt and failure. These feelings can drive the person to continue using. It is important that a relapse be used as a learning opportunity so that it will not happen again.

Relapse and work

People who have a supportive family and job to go back to after treatment are less likely to relapse. However, the workplace has a legitimate concern that an employee in early recovery could relapse. Many businesses have policies in place that spell out the consequences if an employee relapses. It is important that the employee returning to work clearly understands these consequences. These consequences are part of the many realities the person must deal with in recovery. They can also provide increased motivation to stay clean and sober.

There are, however, many ways that leaders and co-workers can provide support to a recovering employee. This support can reduce the likelihood of a relapse.

AT A GLANCE

- Recovery is an ongoing process of maintaining change
- To be successful in recovery, addicted men and women will likely need to:
  - develop new ways of dealing with feelings
  - learn how to express feelings appropriately
  - find new ways of having fun without alcohol, drugs, or gambling
  - examine areas of their lives that were damaged by their addictive behaviour. This might include rebuilding relationships, focusing on their physical health, repaying debts, etc.
  - deal with perceptions, attitudes, and behaviour expectations of others
- To prevent relapse, it will be important for those in early recovery to:
  - learn how to deal with cravings
  - have a well-developed plan for dealing with "high risk" situations
  - have a support system
  - know the workplace consequences of a relapse

Confidentially is important to recovering employees – let them decide how much, if anything, they want to disclose to others at work.

Helping an employee after treatment

In some situations you, as a leader, will have been told that an employee has been away for an addiction-related problem. Other times you won't know. Sometimes all you will know is the employee is away for medical reasons – you won't know if it's for a mental health problem, an addiction problem, or a physical ailment. The reason a person is away on medical leave is confidential – it is between the employee and the professional providing care. It is up the employee to decide how much to tell his or her leader and co-workers about his or her absence.

Regardless of the medical reason an employee has been off work, you need to welcome the person back, find out if there are any special needs or limits on the kinds of work he or she can do, and determine if the employee will require further time off for appointments related to the illness.

Sometimes an employee goes to a treatment centre as a result of a formal referral from the workplace. You may have been an important player in

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Sometimes an employee goes to a treatment centre as a result of a formal referral from the workplace. You may have been an important player in

making this referral and you will also be an important player in planning for the employee's return to work.

Here are some concrete steps you can take to help facilitate an employee's smooth re-entry back into the workplace and contribute to his or her success:

EDUCATION FOR ALL EMPLOYEES

Education may be the easiest step a workplace can take in supporting recovering workers. The process of an employee returning to work after treatment is much smoother and more successful when all staff are knowledgeable about addiction and recovery. The more we know about something, the more comfortable we are when dealing with it. Provide your staff with training and resources so they have the information before a situation arises.

" One of the lessons I learned the hard way was not to hold an 'alcohol and drug' seminar the day after one of our team members went off on leave. Everybody figured out where he went. It's better to hold information sessions on a regular basis instead of waiting until there is an issue on the team."

RETURN TO WORK MEETINGS

Likely both you and your employee will be nervous and unsure about what to say and how to act when the employee returns to work. You may wonder about the best way to offer support. You may also be concerned about the worker's ability to maintain an acceptable level of job performance. A return-to-work meeting can offer both of you an opportunity to talk about your concerns and identify solutions.

You can use the return-to-work meeting to:

- remind the employee that he has been missed and that he is valued by the organization
- discuss and deal with any fears or concerns the employee has about returning to work
- identify any special needs the employee may have returning to work

RETURN TO WORK AGREEMENTS

You must also be clear about job performance expectations and what will happen if job performance is not satisfactory.

Relapse can be very serious in terms of safety, liability, workplace morale, and customer image. There must be a balance between supporting a recovering employee and ensuring workplace safety. The consequences of a relapse must be spelled out very clearly. Even though it may never

happen, it is important for leaders and employees to talk openly about the possibility and consequences of a relapse.

A return-to-work agreement is a formal, written record of the agreement made between the organization and the employee. It should specify:

- clear performance expectations
- when and how performance will be reviewed
- consequences of poor performance
- consequences of a relapse (e.g. being under the influence of alcohol on the job, testing positive for drugs, gambling on company time)
- the plan for long-term support

"When one of the women on my team returned from the treatment centre, I wasn't sure how to act or what to say. She told me that it would be helpful if I met with her once a week to talk about her performance. Her work was good, so most times our meetings focused on how well she was doing. Later, she told me that our weekly talks became her lifeline because she could see that she was actually getting better – it helped her to keep going."

ONGOING SUPERVISION

There needs to be ongoing supervision and support once the employee is back on the job. Meeting with the employee on a regular basis to review job performance provides you with the opportunity to recognize, compliment, and support employees who are succeeding. It also provides opportunity to address any job performance concerns early, before major problems develop.

The recovering employee should leave the treatment program with a recovery plan. This plan includes steps the employee can take to reduce the risk of relapse. This plan may include ongoing counselling or attendance at self-help group meetings. Some flexibility with scheduled work hours may be necessary for a period of time after the employee returns to work.

WORKPLACE SUPPORT GROUPS

Larger workplaces will sometimes host support group meetings on site. There are two ways this can be done:

- **12-step meetings:** the workplace can provide space for groups such as AA or NA to hold meetings – the business provides the space and the group runs itself
- **aftercare support groups:** some companies organize aftercare support groups led by their EFAP, their peer support team, occupational health nurses, or other trained professionals

AT A GLANCE

There are many things that leaders and organizations can do to assist an employee after treatment and contribute to his or her ongoing success:

- respect confidentiality
- provide education for all employees so that they understand alcohol, drug, and gambling problems
- schedule "return to work meetings" with employees who have been away to update them on any changes and identify any concerns so that you and the employee can plan for their resolution
- utilize "return to work agreements" to record agreements made between the organization, the leader, and the employee
- provide ongoing supervision to review job performance and to recognize and support the employee's success
- provide flexibility to the employee's schedule to allow for attendance at counselling, follow-up programs, or support group meetings
- if your organization is large, consider hosting support groups on site to assist recovering employees

FREQUENTLY ASKED QUESTIONS

Is a person "cured" when he or she comes back from a treatment program?

There is no cure for addiction – after treatment, people are in recovery. It can take years for a severe problem to develop, and it can take a long time to recover. Attending a treatment program is a starting point for many people. It gives them the opportunity to explore the role that substance use or gambling has played in their lives, and to learn skills for coping without using. Once treatment is completed, the recovering person must start to use these skills in real life and strengthen them through practice. Recovery is an ongoing process, not a completed event.

What am I supposed to do when I don't really know if the reason an employee has been away on medical leave is because of an addiction problem?

When someone is away from work for a medical problem, the reason is confidential and between the employee and the professional providing care. The person may be away because he or she asked for help for an addiction problem, a mental health problem, or a physical ailment. Leaders and co-workers only need to know what the employee chooses to tell. Other times the employee is referred to treatment as a result of a formal workplace referral. In these instances the leader may have initiated the referral process and will know where the employee has gone. No matter the reason, make the employee feel welcome when he or she comes back, find out if there are any special needs or limits on the kinds of work he or she can do, and determine if he or she will require further time off for appointments related to their illness.

I know somebody whose life was really messed up because of drinking. They quit, and just when it looked like they were getting it together they relapsed. Why?

If people could easily "just say no" to alcohol or drugs once they have a problem, they would. Unfortunately, change is not that simple, and there are many reasons why a person might relapse. While outsiders may see only the problems a person's substance use causes, they may

not understand how much that person has come to rely on alcohol or drugs to manage his or her life.

Some people with substance use problems have relied on their substance for many years to see them through stress, grief, celebration, and depression. Those in recovery must first learn for themselves how their use fits into their lives, and then learn how to manage all aspects of their lives substance free. People in recovery have to make many changes in their lives and their behaviours. It can be extremely difficult to accomplish this all at once.

Recommended Resources

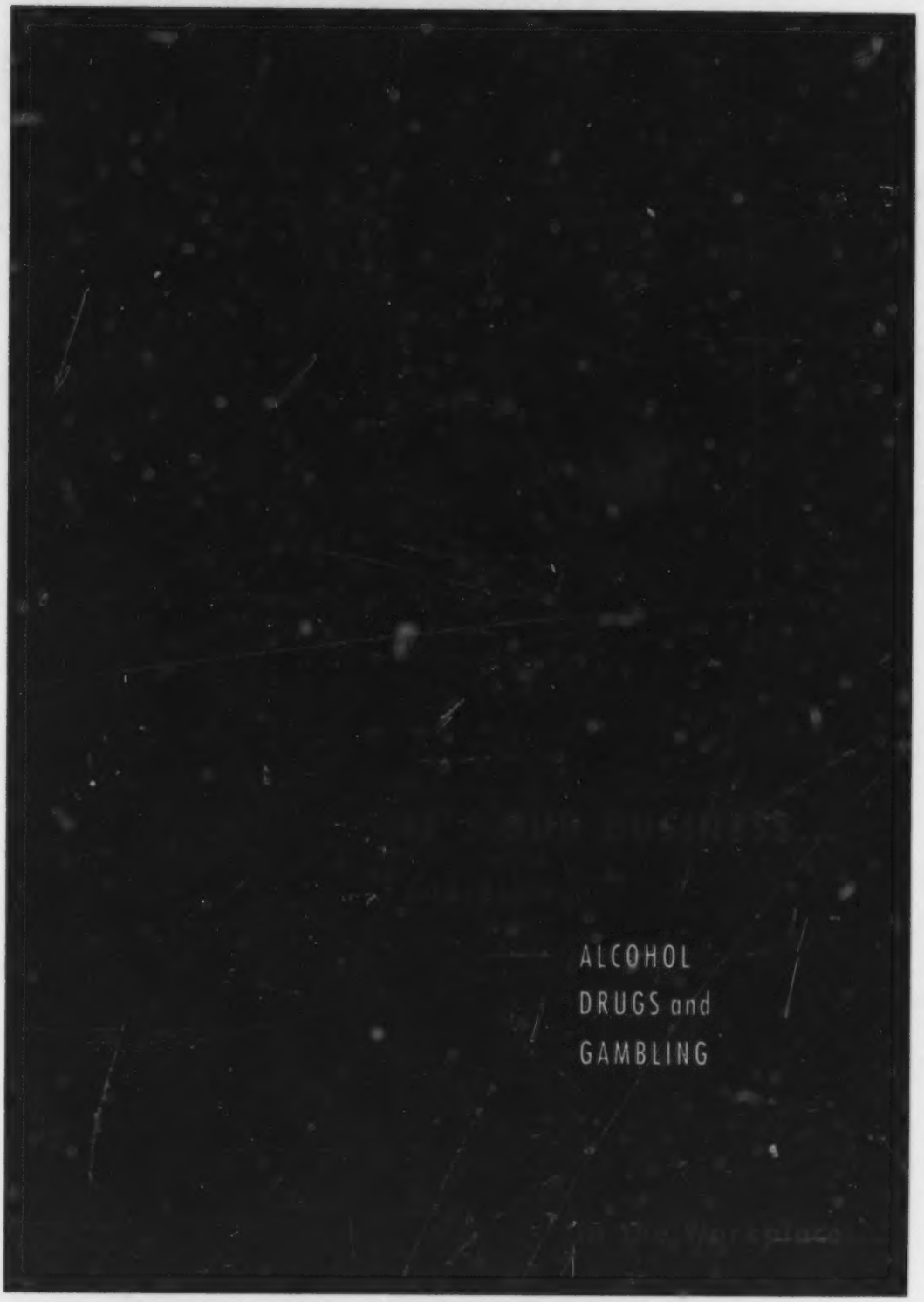
The AADAC Business and Industry Clinic offers specialized residential treatment programs designed specifically for employees who have alcohol or drug-related problems. The program is located in Grande Prairie, Alberta and offers on-site detoxification, a 30-day alcohol/drug treatment program, an eight-week cocaine program, and follow-up services. For more information call **780-538-5210** or **1-800-419-1149**.

The Addicted Employee: After Treatment, Workplace Information Series. AADAC, 1998.

HOW TO USE THIS INFORMATION IN YOUR WORKPLACE

- Invite an addictions counsellor to attend a staff meeting to talk about the different kinds of treatment services available in your community.
- Invite a speaker from a 12-step program such as Alcoholics Anonymous to talk to your employees about his or her recovery and about the supports the program has to offer.
- Identify employees at your workplace who have successfully dealt with an addiction and ask them if they would be willing to "buddy up" with somebody just coming back from treatment. Choose supporters who have been successful in maintaining recovery for a long period of time. If employees who are coming back from treatment want this connection, it can provide some much-needed support.
- If you have a peer support team, make sure that employees returning to work after any kind of absence know about the services provided and how to access them.

MODULE EIGHT WORKPLACE PEER SUPPORT PROGRAMS



MODULE EIGHT WORKPLACE PEER SUPPORT PROGRAMS

Co-workers can be very effective in encouraging someone experiencing a personal problem to get help. They can also help each other stay safe and well. This is called workplace peer support. Sometimes it happens informally, with a simple expression of concern and an invitation to get help. The informal approach was covered in the module on "intervention."

Peer support can also happen in a more formal, organized way. Companies will often develop peer support teams to act as a bridge between employees who are experiencing personal problems and sources of help. Peer support teams are also an excellent on-site resource for offering immediate or ongoing support and a listening ear to their co-workers.

Often, employees who have successfully overcome a personal problem want to help others in similar situations. For example, an employee who is in recovery from an alcohol or drug problem may wish to help others who are experiencing difficulties. These men and women are excellent candidates for workplace peer support teams. So are those who have successfully coped with depression, divorce, grief, gambling problems, and other challenges. Participation is certainly not limited to those who have experienced problems. Employees who have an interest in peer support are welcome members to most peer support teams.

READ ON TO LEARN MORE ABOUT:

- peer support programming and how it works
- steps for creating a peer support team for your workplace
- who should be on your team
- how to select peer support team members

KEY INFORMATION

What is peer support programming?

Workplace peer support programming is all about peers helping peers, or one worker helping another. An employee's personal problems can affect his or her job performance. Alcohol/drug abuse, problem gambling, depression or other mental health problems, and strained marriage or family relationships are some of the problems that, if left unchecked, may lead to health and safety risks at work.

Workplace peer support gives trained co-workers an opportunity to offer support and encouragement to people they work with who are having personal troubles.

The basic principle of peer support programming is that trained team members can provide a bridge between an employee with a problem and the people who can help. Peer support team members know about their employer's approach to assisting employees with personal problems. They know who to approach if their co-workers need help sorting out personal issues. They are knowledgeable about the sources of professional help available, both within the organization and within the community.

Peer support team members listen without judgment and they know how to encourage a co-worker with a problem to get help. They will often discuss the sources of help available, but they don't prescribe solutions. Team members do not attempt to diagnose or fix problems; they refrain from counselling and giving advice. Skillful team members also know that pushing someone to accept help before he or she is ready usually results in resistance. The goal is peer support, not peer pressure. Offering effective support to co-workers is a learned skill. The workplace must offer specialized training to employees who are members of their peer support team.

How peer support works in the workplace

Peer support can benefit any workplace, large or small. Each organization must design its peer support program to meet its own specific needs.

Some teams will limit their function to assisting co-workers in finding help if they are affected by personal problems.

Other peer support teams will serve as ambassadors for the company's Employee and Family Assistance Program (EFAP). Their goal will be to publicize the EFAP and make sure that all employees know about it. They may also help a specific employee to make contact with the EFAP provider.

In addition to supporting the EFAP, most teams establish strong relationships with other workplace programs such as occupational health and safety groups. Peer support team members need to understand the roles of others in keeping the workplace safe and well. They also need to understand the policies and regulations that govern their workplace – for example, safety regulations and policies on alcohol and drug use. Knowing workplace policy can help team members make the most appropriate referrals.

"When I called the peer support team, I was at my wit's end. I didn't know where to turn. Jack met with me within half an hour, listened to my situation and told me about the EFAP. I was scared, but with Jack's encouragement, I went. That was the turning point for me."

Some teams will encourage a colleague to draw on the professional help available in the community. An employee may also be encouraged to attend a support group. This might be an independent group like Alcoholics Anonymous, which is a 12-step support group (other examples of 12-step support groups are Gamblers Anonymous, Narcotics Anonymous and Al-Anon). There are also other types of support groups that deal with common problems like depression, or grief and loss.

Successful peer support programs will offer activities based on the needs of their colleagues and organizations. This might mean hosting workplace wellness events. It might include organizing support group meetings in the workplace. It may even include team members "buddying" with new employees to participate in their orientation and welcome to the workplace.

AT A GLANCE

WORKPLACE PEER SUPPORT IS:

- a formalized and organized way to provide support and encouragement to co-workers who are experiencing personal problems
- training a selected group of peer support team members to be a bridge between employees with problems and the sources of professional help
- commonly focused on all employees, not just those who are having problems
- often proactive, including workplace wellness and prevention activities

WORKPLACE PEER SUPPORT IS NOT:

- counselling
- diagnosing problems
- dispensing advice
- peer pressure!

Starting a peer support program

If you would like to get a peer support program started in your workplace, begin with education.

Peer support program components

Starting a peer support program

Organize information sessions to talk about the benefits of peer support. Invite speakers to help all employees understand how peer support programming works. Host a meeting for interested employees to talk about starting a team.

You must also be prepared to offer some support in order for your workplace team to succeed. Members may need help from the organization in deciding the key functions of the team. They may need space in which to meet. If the team is to succeed, the organization must also provide ongoing training for all team members.

Members may require time away from work to attend meetings or provide services to their co-workers. They may also need time off to attend training.

If you would like to get a peer support program started in your workplace, begin with education.

Peer support program components

Peer support programs usually have 5 main components.

PLANNING

- decide on the function and role of the team
- decide how often and where the team will meet
- decide how people will contact the team
- develop guidelines to handle confidentiality

RECRUITMENT/SELECTION

- decide on the membership of the team
- talk about how your team will maintain itself

TRAINING

- identify training needs for team members

ACTIVITIES/IMPLEMENTATION

- maintain updated information about resources
- decide how the team will promote its services
- determine what the organization will need from the team

EVALUATION/MONITORING

- determine how you will know your program is working
- ask what the organization will need from the team

Some components will interconnect and overlap. For example, some implementation might take place before all of the training is completed. Evaluation can occur throughout. Planning may also be ongoing as new ideas and services are developed. Training will also be an ongoing program component as team members develop and expand their individual skills.

Steps for peer support teams

Although it's important to tailor your team to the needs of your colleagues and your workplace, there are some steps that almost all teams must take to get started. Here is a list of common peer support team tasks:

PLANNING

STEP ONE ■ Decide on the function and role of your team

Deciding on the purpose and goals of your individual team is an important first step. Will you assist your co-workers in obtaining help when they are experiencing problems? Will your goal be to publicize your EFAP and help employees to use it? Will you emphasize a preventive approach by organizing workplace wellness events?

STEP TWO ■ Decide how often and where you will meet

Your team also needs to talk about what you will do at meetings. Will you gather for training and information purposes only? Will you meet to plan events for the workplace? Perhaps you will meet to talk about the needs of team members. If your team is going to stay strong and maintain itself over time, it is also important for you to meet to celebrate your successes.

STEP THREE ■ Decide how people will contact the team

Some teams choose to wait until their fellow employees approach them. However, it is sometimes very difficult for people who are experiencing personal problems to ask for help. Some teams encourage members to approach employees whom they are concerned about. Successfully encouraging people to seek or accept

help requires skill and team members who undertake this should have special training. If team members come on too strong, offer advice, or start telling their co-workers what to do, they may alienate workers and defeat the whole purpose of a peer support program. Remember that the goal is peer support, not peer pressure.

Your team will also have to decide if members will be available after work hours or whether peer support services will be available only during certain hours. Will your services be available to employees only, or will you also talk to family members?

" I decided to join the peer support team so that I could share my story about how I quit drinking. I was so mixed up when I was drinking and I didn't know how to quit or what to do first. I'm sure not an expert and I also know my solution won't work for everybody. But I can tell them about my success and it just might be the incentive they need to start on the road to recovery."

STEP FOUR ■ Develop guidelines to handle confidentiality

Employees must be able to trust that they can get help from a member of their peer support team without anyone else finding out. This is the cornerstone of successful peer support programs. It is important to establish clear confidentiality guidelines within the peer support program. Team members must also understand other confidentiality policies in the workplace, such as those governing managers, occupational health staff, and EFAP providers. New teams may also seek expert advice about confidentiality from someone who specializes in this field. A lawyer familiar with confidentiality guidelines can play an important part in the team's training.

RECRUITMENT & SELECTION

STEP FIVE ■ Decide on the membership of your team

There are many options. One approach is for team members to be appointed by management. Another is for people who are interested to volunteer to become team members. In some organizations, team members are nominated by their peers because they possess certain skills or are seen as credible and respected. In others, teams are formed at the "grassroots," by a group of employees who share recovery from a common problem. For example, people who have successfully dealt with alcohol, drug or gambling addictions may choose to give something back to their supportive workplaces by offering to talk with others who are experiencing similar problems.

The role of organized labour in promoting peer support is also very valuable. Some workplaces strive for a balance of union and non-union members on their teams.

STEP SIX ■ Talk about how your team will maintain itself

Once a core team of interested members has been identified, the team needs to determine how it will sustain itself over time. Again, there are options. Some teams hold recruitment drives and then train and maintain the same group for a certain length of time. Other teams are made up of an evolving group of changing members who coach and train each other on an ongoing basis. Some teams choose to welcome new members a couple of times a year, ensuring that the necessary training occurs immediately after recruitment.

TRAINING

STEP SEVEN ■ Identify your training needs

Peer support team members must recognize the importance of such things as confidentiality, objectivity, and listening without judgment. They must be trained to offer support and encouragement without trying to counsel. Team members are not expected to diagnose or fix problems themselves. Instead, they must be knowledgeable about the resources that are available to help employees. It is also valuable for them to receive training about such issues as addiction, grief and loss, depression, stress, suicide, financial problems, etc.

ACTIVITIES/IMPLEMENTATION

STEP EIGHT ■ Maintain updated information about resources

Some teams keep a book of community and company resources that offer help for personal problems. One team member can be responsible for ensuring it is updated regularly. Many teams invite guest speakers from these groups, and have them share information about their services.

STEP NINE ■ Talk about how you will promote your services

You could, for example, publish a peer support brochure, develop promotional posters, or have team members speak to employees at safety meetings or other events. Some organizations make peer support team introductions part of the orientation process when they hire new staff.

These are important decisions. Remember that you can start small and add new services as your team evolves.

EVALUATION & MONITORING

STEP TEN ■ Talk about how you will know your program is working

Most teams want to know that their efforts are making a difference. This is an important part of keeping team members interested and encouraged to keep participating. It's also important to know whether or not the peer support team is doing a good job. Plan how you will evaluate the success of your program.

You may want to set aside time at each meeting to talk about the number of contacts each member has made since the last meeting. Maybe you will count the number of referrals each member has made to sources of help. You might choose to look at activities you have offered and identify which were most effective.

You may also want to get feedback from outside the team. A written survey is one way to do this. You can ask all employees if they are

AT A GLANCE

PROMOTING PEER SUPPORT:

- start with education
- publicize how you will support team members:
  - training
  - space to meet
  - time away from work duties to participate and provide services

STARTING A PEER SUPPORT PROGRAM:

- decide on the function and role of your team
- decide how often and where you will meet
- decide how people will contact the team
- develop guidelines to handle confidentiality
- decide on the membership of your team
- talk about how your team will maintain itself
- identify your training needs
- maintain updated information about resources
- talk about how you will promote your services
- talk about how you will know your program is working
- ask what the organization will need from the team

aware of the peer support program. If they have used it, you can ask if they were satisfied or if they have any suggestions for improvement. For those who have not used the program, you can ask if they would use it if they had a problem. Evaluation can help you enhance the things that are working well for you and let go of the things that are not working as well.

Remember that evaluation does not mean breaking confidentiality. It is not necessary to talk about specific cases or specific employees. It is helpful to talk about the process of those contacts: Did you make referrals? Did your co-workers follow through? Have you remembered to contact them recently to make sure they are getting the help they need?

STEP ELEVEN ■ Ask what the organization will need from the team

The organization is far more likely to support team activities if they can actually see that peer support is working. Evaluating your program and presenting the results to the organization may be one way to demonstrate this. Some organizations may require you to account for your hours and activities. Each team is unique and each organization may request different things from its team.

FREQUENTLY ASKED QUESTIONS

Do peer support teams work?

Companies and organizations with successful peer support programs describe increased use of their EFAP and decreased tolerance of unhealthy behaviour by co-workers. EFAP providers who track referral sources also report that peers are very successful in encouraging those who are experiencing personal problems to get help. Men and women recovering from personal difficulties often credit their co-workers with caring enough to intervene and helping them to take the first step.

Why is training for team members important?

Team members usually bring a lot of personal experiences and attributes to the team. Training is essential in showing individual team members how to best use their personal experiences to help others. Effectively encouraging others to get help is also a learned skill. Too much pressure usually results in the person with the problem backing away. Too much advice can sound condescending and inappropriate. In addition, training can help team members feel more comfortable in taking on new challenges.

Letting the entire workplace know what kinds of training peer support team members receive helps to build credibility for the peer support program and lets employees know the areas of team knowledge.

How much will it cost?

It doesn't have to cost a lot to start a peer support team! The most important asset – people – is already present in the workforce. Training the team will likely require some money, but there are many free training opportunities available. Good training sources include your company Employee and Family Assistance Program, AADAC (and other addictions professionals), and other successful peer support teams. Brochures advertising the team's services can usually be produced in-house. Remember, they don't have to be fancy to be effective.

Where will we find the people?

There are many different ways to select team members. Some companies welcome anyone with an interest. Others advertise for members who have experienced personal problems themselves. Some programs start with a tiny nucleus of members and those members reach out to others whom they think will have the characteristics to be effective peer supporters. Each approach has pros and cons and each organization will have to decide which approach it favours. The most important thing is that members have an interest, a willingness to learn, the trust and respect of their co-workers, and an absolute ability to maintain confidentiality. Some programs also welcome family members of employees to the peer support team. Whatever you decide, it's a good idea to keep the size of the team small and manageable – 8 to 15 people is probably a useful guideline.

Should there be equal representation on the team?

Lots of people struggle with this question. Remember, this is not an advocacy group or the group responsible for serving as EFAP representatives throughout the organization. It's a group whose main function is to offer encouragement and support to others. Peer support team members can be wonderful ambassadors for the EFAP, but they need to be separate from it. Having a small, caring and committed group is better than having a large number of members representing each work area who may or may not have an interest in peer support.

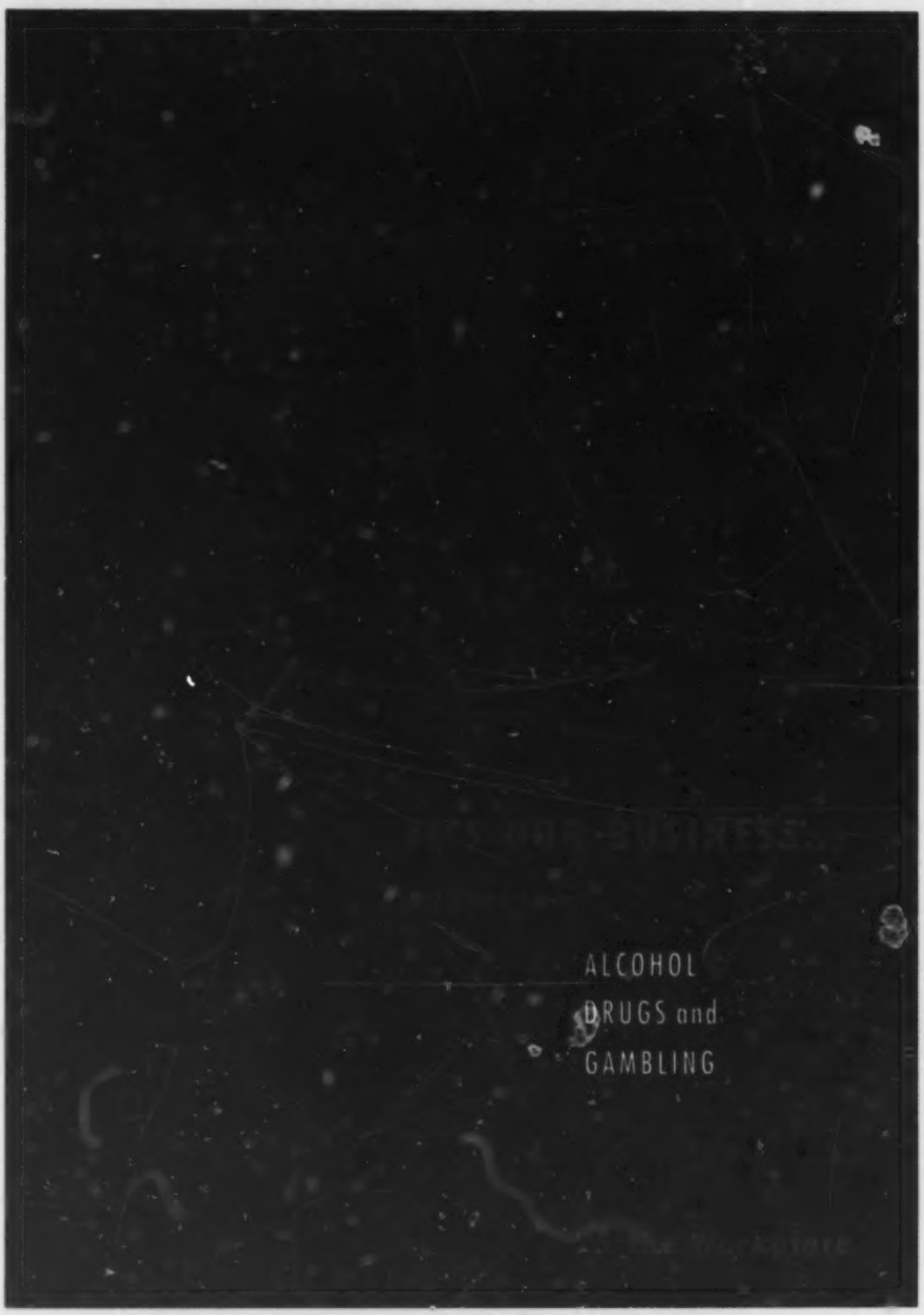
HOW TO USE THIS INFORMATION IN YOUR WORKPLACE

- Use what you've learned to initiate a discussion about starting a peer support team in your workplace.
- If there is interest, visit some other peer support teams to see how their programs operate.
- Watch for sessions on peer support programming at workplace conferences and training events.
- If you have a peer support team, invite some members to attend your next team meeting to talk about their services.
- If you decide to develop a team, write about your activities in your company newsletter. Sharing success stories and good news is a great way to encourage use of the program.
- If you have an Employee and Family Assistance Program, ask your provider to track the number of referrals they receive from the peer support team. When the team gets the statistics, it will know how well the program is working!

Recommended Resources

Workplace Peer Support, Workplace Information Series, AADAC, 1993

MODULE NINE PROMOTING WORKPLACE WELLNESS



MODULE NINE PROMOTING WORKPLACE WELLNESS

A work team whose members are in good physical and emotional health is more productive and easier to manage. As a leader, do you contribute to a work environment that encourages healthy behaviours and attitudes? Are you a good role model to your team? This module will help you provide positive leadership and build a healthy and well-functioning team.

READ ON TO LEARN MORE ABOUT:

- what is workplace wellness
- workplace wellness initiatives
- influencing and improving employee health
- what you can do to stay healthy and well
- workplace culture and substance use
- responsible hosting of workplace social events
- promoting health and wellness
- action steps for your workplace wellness group

KEY INFORMATION

What is wellness?

Individual wellness refers to a person's ability to maintain physical and mental well-being. This includes doing things that protect and enhance health, and reducing or staying away from those things that place health at risk.

Workplace wellness refers to an organization's ability to promote and maintain the physical and mental health of its employees. It is also about reducing risks to employee health and wellness through safe work practices, healthy work environments, and responsible hosting of company events. Leaders are in a great position to promote wellness and reduce risks with their teams.

Benefits of workplace wellness

On average, people spend about 60% of their waking hours at work. What happens in the workplace can have a huge impact on the overall health of employees.

Having healthy employees is a definite benefit to any organization. Healthy employees are:

- more energetic
- less likely to be involved in an accident
- sick less often
- able to recover from illness faster

Money spent on employee health programs usually results in:

- lower absenteeism
- reduced sick leave
- lower job accident rates

" I was a safety coordinator before I became a supervisor. I kept looking for things that could be changed in our work environment – better lighting, windows that opened for ventilation. I didn't think about what the people on my team could be doing – wearing their glasses, getting outside at lunch, not drinking 20 cups of coffee. Now I know that working well is a shared responsibility. I'll do my part, but the team has to take some responsibility, too."

Influencing and improving employee health

There are many workplace factors that can influence your health and the health of your co-workers. These are the factors most often targeted by workplace wellness programs. These factors can be organized into four groups:

- **workplace environment** – things like air quality; noise level; exposure to health hazards like dangerous chemicals; lighting; quality of machinery and equipment; and relationships with supervisors and co-workers
- **personal resources and support** – such as having somewhere employees can turn if they are experiencing problems in their personal or work lives
- **job control** – the degree of control employees feel they have over their jobs, such as having a voice in decision-making and feeling that their opinions matter
- **personal health practices** – things like smoking, drinking, eating habits, exercise, use of medications, and ways of dealing with stress

Many companies think that promoting health will be costly, complicated, or take too much time. Health promotion can range from very simple to very complex efforts. It can be as simple as providing a place for health-related brochures or encouraging employees to re-organize tasks to reduce their stress and improve productivity. At the other end of the scale, it can mean establishing an Employee and Family Assistance Program (EFAP).

AT A GLANCE

WORKPLACE HEALTH PROMOTION SHOULD:

- **focus on employees**
  - help employees understand the consequences of risky behaviours
  - emphasize individual responsibility for health
  - give employees the information and tools they need to reduce risky behaviours and to improve health and safety
- **focus on the work environment**
  - reduce or eliminate sources of stress and health risks for employees
  - provide and promote things that safeguard or encourage health for all employees

What you can do to be healthy and well

In order to be "well" you need to look after your physical, mental, emotional, and spiritual health. It's important to take personal responsibility for your health. Set a good example to your team by taking good care of your own health.

To feel healthy, you need to feel like your life is in balance and that you have some degree of control over all aspects of your life. In other words, you're in charge of making the choices that help you to maintain your health or make it even better. You're also responsible for stopping or reducing those behaviours that are not healthy.

Some ideas about how you can maintain or enhance your own health are:

- do things that will improve your health – eat well, exercise regularly, get enough sleep, and get regular medical checkups
- reduce or stop behaviours that put your health at risk – try to quit smoking, avoid excessive alcohol or drug use, and don't over-eat
- learn to deal with stress in healthy ways – exercise, talk things out with someone you trust, meditate, get a hobby, or simply learn the skills to relax your mind and your body. Take steps to reduce stress where you can and learn healthy ways to manage stresses that you can't control
- get support with the ups and downs of everyday living from friends, co-workers and family members
- get professional help when you need it to deal with personal problems
- participate in workplace wellness programs or committees to make your workplace as healthy and safe as possible

Being healthy and feeling well is about more than just the absence of disease!

Workplace culture and substance use

Workplace culture refers to what is considered normal and acceptable behaviour at work. This is the unwritten way of doing things, and may or may not support the formal policies in place. As a leader, you contribute to establishing the culture of your team. A healthy work team will not encourage or tolerate the use of substances at work.

Alcohol and other drug use continues to rank high on the list of concerns that result in referrals to EFAPs. While there is no foolproof way of preventing these problems from affecting employees, there are some steps that you, as a leader, can take toward the prevention of alcohol and other drug-related problems in the workplace.

- Set a good example – you are the role model and your actions send a strong message to other employees about what is, and is not, acceptable behaviour.
- Know your organization's rules, guidelines, and policies around alcohol and drug use. Take a clear stand and enforce these consistently.
- Make sure the employees on your team know the rules, guidelines, and policies regarding substance use.
- Take a look at the role alcohol use plays in your team's social activities. Consider how this contributes to the culture of your team at work.

Responsible hosting of workplace social events

"We value our employees and like to celebrate our successes. When those celebrations involve alcohol, we share responsibility in making sure that our people don't over indulge and that they get home safely."

Many workplaces host social events like staff barbecues and Christmas parties. Sometimes alcohol is served at these functions. It is very important that you practice responsible hosting when holding a workplace function. You want to encourage safe practices, and there may be liability issues if employees cause harm to themselves or others after using alcohol at a work function. If you decide to serve alcohol at these events, here are some tips:

- always have non-alcoholic beverages available
- hire a bartender to mix standard, measured drinks
- make sure that the bar is attended at all times and has designated opening and closing times
- make sure food is available during the hours that the bar is open
- offer taxi/bus services or accommodation arrangements to ensure that those guests who have been drinking do not drive
- encourage responsible drinking by setting a "tone" for the event that does not emphasize drinking, and offer alternative activities – dancing, games, etc.

Promoting health and wellness

You would likely agree that there is value in promoting workplace health and wellness. So how do you get from good intentions to good results? By working together! Any group of interested employees can work together to create a healthier work environment.

You can provide leadership and promote health in your workplace on a small scale within your own working group, or by connecting with other work units within your organization. Your initiatives may be informal, or

you can set up a workplace wellness committee. In larger organizations you can involve safety representatives, members from Occupational Health, someone from the social committee, an EFAP representative, and other interested employees and managers.

Examples of some initiatives you and your workplace wellness group can undertake include:

- set up and maintain a display of pamphlets and brochures aimed at employee health
- organize information sessions for employees and their families on health-related topics
- organize lunchtime exercise sessions or walks
- organize fun social activities that promote health and exercise, such as hallway bowling, noon ball games, and badminton tournaments
- help promote the workplace peer support team and the EFAP
- participate in the development or annual review of workplace policies that involve health and wellness

Action steps for your workplace wellness group

Having healthy employees makes a leader's job much easier. Follow these steps to promote health and wellness within your workplace:

STEP ONE ■ Find out what employees need and want

In order for wellness initiatives to work, they must reflect the interests of your employees. Find out what your employees want in a wellness program. You can do this by meeting informally with staff, conducting a small written survey, putting up a suggestion box, or through formal meetings.

STEP TWO ■ Put together a plan

Once you know what your employees want, develop a plan for a wellness program. Identify goals, timelines, and the resources needed. The planning process can help you identify what you can do and what you don't have the resources to do.

STEP THREE ■ Build commitment

You need to spread the word and get support from others within your organization. It can be very helpful to get a commitment from top-level management to support your workplace wellness initiatives. Once this is accomplished, encourage employee commitment by being an active leader, staging activities people are interested in and rewarding progress.

STEP FOUR ■ Put activities in place

Once you have your plan, it's time to act on it. Your activities should:

- **raise awareness of health issues:** give employees the information they need to make informed choices
- **build skills:** encourage people to get actively involved in changing their behaviour
- **create a supportive work environment:** send out a strong message about your commitment to health and safety in the workplace and follow workplace wellness principles

STEP FIVE ■ Follow up and revise your activities

As with any initiative, you should regularly evaluate whether or not it is working and how you can make it better. Celebrate your successes!

There is a saying that "success breeds success." It's important to start, no matter how small or simply. As employees get involved and start to enjoy the benefits of improved health and wellness, the committee can grow and tackle larger projects.

FREQUENTLY ASKED QUESTIONS

Do these programs cost a lot?

Workplace wellness programs do not have to be costly. Activities can be implemented without spending much money or time. And in today's high-stress, time-crunched workplace, any effort that succeeds in helping employees be more healthy will save money. Low-cost activities could include providing brochures and resource information, having a speaker come in at lunch (many health organizations provide free speakers), or having workers organize fitness activities for lunchtime or after work.

How do we get people to participate in wellness activities?

Make them fun! Activities that require too much effort, too much equipment, or too much planning may seem overwhelming. Make it easy for people to participate by keeping activities simple. It's also important to ask employees what they would like. A committee can decide that there are too many overweight employees and that an exercise room will be the answer. If employees aren't interested in exercising and would rather attend a weight loss support group at lunch, the exercise equipment might not get very well used.

Last year we offered a stop smoking program and nobody came. Why?

It's very important to involve employees in making decisions about programs that you hope they will attend. Not everybody who smokes is interested in quitting – that might be too big a step. Some smokers might be interested in looking at ways to cut down, others might like to attend an information session on "the patch" or other methods to quit with assistance. Start where your audience is at and provide the programs that they are interested in. It's a *step* in the wellness direction and may *eventually result* in a stop smoking program.

HOW TO USE THIS INFORMATION IN YOUR WORKPLACE

- Have pamphlets, videos and books available to your employees on topics like smoking, alcohol and drug use, problem gambling, stress management, weight control, and anger management.
- Encourage your employer to provide courses and seminars on topics such as substance abuse, problem gambling, heart smart cooking, anger management, dealing with conflict, and healthy eating. These can be made available to family members, too.
- Develop a wellness committee at your workplace. Identify interested and appropriate people and call a meeting.
- Give employees increased control over what happens to them at work. Employees need to feel that they are listened to, that they have input into decisions that affect them, that they are treated fairly, and that they are able to participate in solving problems. Create opportunities for employees to participate in decision-making and to provide input and suggestions regularly. Ensure that they are kept informed through ongoing communication.
- Invite speakers from community agencies to talk with employees about the health or counselling services that they provide.
- Support employees in making improvements to their own health. Encourage your employer to offer programs to help employees stop smoking, see that healthy food alternatives are available in lunchrooms, make the stairways attractive and encourage their use, and see if exercise equipment can be made available for use during lunch and other breaks.
- Introduce flexibility in work scheduling when possible to assist employees to balance the needs of work and family. Allow them to adjust their hours of work so they can successfully care for aging parents, raise young families, or adjust to physical ailments. Explore alternatives like job sharing and working from home to enable employees to juggle work and home demands successfully.

Recommended Resources

Workplace Health and Wellness, Workplace Information Series. AADAC, 2000.

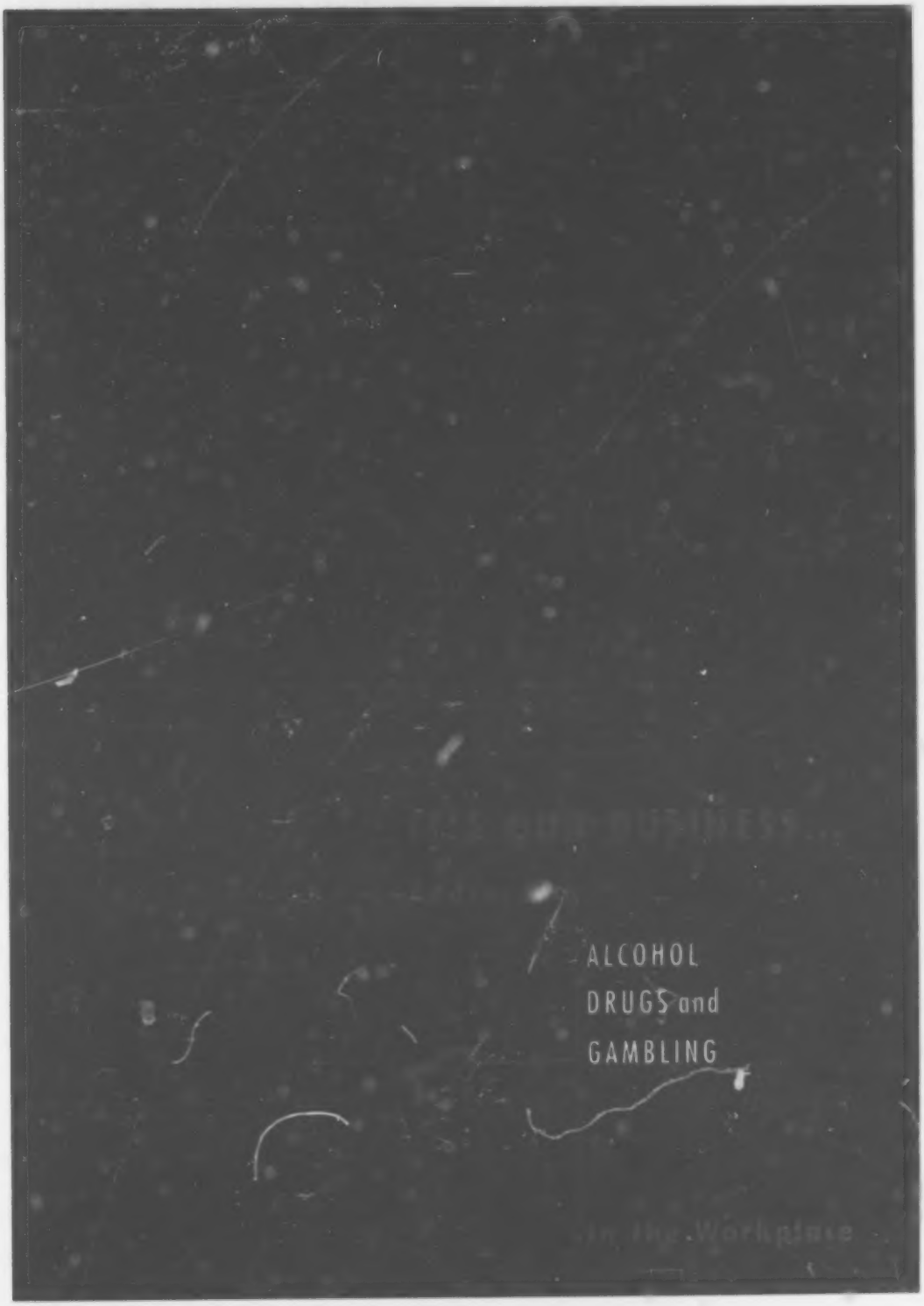
Health Canada offers a variety of resources for workplace wellness.
Ph: (613) 954-8857
Web site: www.hc-sc.gc.ca/hppb/workplacehealth

Canadian Centre for Occupational Health and Safety offers many resources on workplace health and safety.
Ph: 1-800-263-8466
E-mail: inquiries@ccohs.ca
Web site: www.ccohs.com

There are also many **municipal/regional/provincial** organizations that can be of help and many of them offer services and products free of charge. Try contacting one of the following organizations in your area:

- local public health department
- local parks and recreation centres
- addiction agencies
- health agencies such as the Alberta Lung Association

MODULE TEN YOUR WORKPLACE POLICIES, GUIDELINES, AND RESOURCES



MODULE TEN YOUR WORKPLACE POLICIES, GUIDELINES, AND RESOURCES

This section of the module is for your use. Add copies of your company's policies, guidelines, and other resources that will help you when dealing with troubled employees.

EXAMPLES OF MATERIALS YOU CAN ADD INCLUDE:

- alcohol/drug policy
- alcohol/drug testing policy
- other company policies/guidelines (e.g. shiftwork guidelines, Human Resource policy/guidelines on dealing with troubled employees)
- EFAP pamphlets
- list of agencies/contacts in your community that can provide assistance to troubled employees
- other resource materials you want to keep handy